CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY GOOD o. COUNTRINCS George's after MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Pages b. CITY OR TOWN (If outside corporate limits, Riverdale C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) on papers. Pag within 72 haurs D. O. A. Riverdalie e. IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Leland Memorial Hosp. BEERK 6104 Lith. Place YES NO IX 3. NAME OF Middle OATE carbon Last campletely John' ALLWANG DECEASED ROBERT 1966 8 Nev. DEATH event, (Type or print) S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remaye Jest birthday) Manths Hours Male White May 18, 1925 WIDOWED DIVORCED 13. BIRTHPLACE (County & State, or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT USTRYA D. Coust Police Dept. duriganest physicality even intrincer New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaka William J. Allwang Ann Kelly 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes-no, grunknawn) ((If yes give was es-detes of service permit 103 18 0135 Betty F. Allwang Same as #2 (wife) 18. CAUSE OF CEATH (Enter only one cause per line for (g), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. OUF, TO Conditions, if any, which gave rise to immediate cause (a), OUF TO stoting the underlying cause has been the State Dept. of Health prior to lost. use as WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) this certificate h detached far use one NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF CEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. While Nat While at wark TO FUNERAL DIRECTOR: After 1960, that (1) (we) last 2]. I certify that (1) (this haspital) attended the deceased from Jest 4 1963, 19 director, page 3 shauld shauld be filed with the 19 66, and that death accurred at ie tapp, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE M.D. **OIRECTOR** PHYS. 4273 Branch Ave., S. E. 22c. PHYSICIAN'S Frank J. Talbet Marlew Heights, Md. NAME (Type) 23a. BURIAL, CREMATION, BURIAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 11/11/66 Ft. Lincoln Cemetery Colmar Manor Mel. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Hyattsville, Md. Francis Gasch's Sens Charles 1966

TOTAL THE RESIDENCE OF THE PARTY OF THE PART Electrical Party Company La care a Attail of Charles Confee. and the state of t The state of the s 67 10 000 9.i. 5.3 the second of the second secon V . € F. illis a facilities (e) Γ (iii) Γ (iii) Γ (iii) Γ

are at a new order of modern and are a south and a

The both the same and a standard of the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15003 death. by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges Prince Georges papers. Pages 1 hin 72 hours after MARYLAND Marvland c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly 3 days Seat Pleasant campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE B within 72 ON A FARM? Prince Georges General Hospital 6904 8th St YES NO X pan 3. NAME OF DATE First Middle Lost Month Day DECEASED OF Evervn Bacigaluppi carl event, (Type or print) Nov DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remaye lost birthdoy) Doys Months in any DIVORCED NFemale. 11 Oct., 1911 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? Washington, D.C. the attending physician sit permit. Then please Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Welch Adbrew Mangum 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 10 Mr. John Backgaluppi (above address 579-09-4945 Νo crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) (Son) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute myocarditis and fibrinous epicarditis IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO 20o. ACCIDENT WAS UNDERLYING [20h. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While ot work of work 21. I certify that (I) (this haspital), attended the deceased from and that death accurred al.O.52 MP Mam causes and on the date stated above saw the deceased alive on, 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS central NAME (Type) Peter Duns Heights. Capitol 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Lincoln Com Colmar Manor 24. EUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

executed within 24 hours after death requires that the death certificate be retained by the haspital ar attending physician. OR ATTENDING PHYSICIAN: The low Page 4 may

Terline issues Course metri

4 200

- K STAN BLOOK

STEVERNI

The state of the second of the same and the same of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16004	CERTIFICATE	OF DEATH	1	6006
1.	PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resi b. COUNTY	idence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and	
	d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospito	l, give street oddress)	d. STREET ADDRESS 2103 Ot 1	ey Avenue	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CHARLES	Middle	BAIRD	4. DATE Month OF November	Doy Year 5 1966
	SEX 6. COLOR OR RACE 7. MARRIE WIDOWE	D DIVORCED	8. DATE OF BIRTH 12-19-1893	lost birthdoy) Month	
du	ring most of working life, even if retired) Hutomos, Le Susglies	KIND OF BUSINESS OR INDUSTRY	FOWA		COUNTRY?
	Asa Baird		Eva Barn	hill _	
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)		nformant s. Peter P.		mple Hills Mo ford Lane
	IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO (b) DUE TO (c)	ridale Cerel Eneralized C Typertonsive	Irol corter Interio St ardio Vas	Loroses colar Misease	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20b. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d Wh p.m. 19 of w	ile Not While fact	CE OF INJURY (Home, form ory, street, affice bldg., etc.)		(County) (Stote)
		ended the deceased fram	t death occurred of	M, from causes and or	
	220. SIGNATURE John F.	Shay M.		MED. STAFF DIRECTOR PHYS. D	11-5-66
	22c. PHYSICIAN'S NAME (Type)		550 9 Febre	Hell Rd, Suntle	and, mt.
23	b. Burial, CREMATION, 23b. DATE THEREOF 11-9-66	23c. NAME OF CEMETERY OR Violet Hill	Cemetery		(County) (Stote)
W	4 FUNERAL DIRECTOR 11helm Funeral Home 430	8 Suitland Rd Su	itland DATE N	OV 10 1966 REGISTRAR	es signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death/ TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

37 号数 16806

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
*COOR	CERTIFICATE OF DEATH	4.0001199

	16005		CERTIFIC	CATE	OF DEATH			1600	7
1.	PLACE OF DEATH 8. COUNTY	-			2. USUAL RESIDENC	E (Where deceased	lived, If Institut	ion: Residence	e before admission)
_	RINCE	T CORG!			VIRGINI	A	ARL	NGT	V 40
	b. CITY OR TOWN (if outside write RURAL and give ne	corporate limits, arest town)	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If	outside corporat	e limits, write i	(URAL and gi	ve nearest town)
	JULY ATTOUIL	IE	41/241	15:		COTA		83	
	d. NAME OF HOSPITAL OR IN	STITUTION (If not in h	ospital, give street add	iress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
1	1ADISON MAN	you No	N. 580	14	NG PUE	NYATTS	VILLE !	MAI	YES NO
3.	NAME OF DECEASED	First	Middle	7	Last	4. DATE	Month	Day	
_	(Type or print)	HARD 1	N'		LKER	DEATH	11	16	
5,	SEX 6. COLOR O	7. MARKIES	2	8.	DATE OF BIRTH	9. AGE	birthday) Mo	INDER 1 YEAR oths Davs	Hours Min.
10	TO TO THE TOTAL PROPERTY OF TOTAL PROPERTY OF THE TOTAL PROPERTY OF TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF TH	WIDOWED			9-13-18	12 94	yrs.		07,10147
du	a. USUAL OCCUPATION (Give kin ring most of working life, even	of work done 100. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co	ounty & State, or to	reign country)	12. CITIZEN COUNTR)	¥? .
12	M.S. GOV TR	ET INA	VAL Shipy	ARD)	1 - 1	ARE		0.3	5.A
13	01	DRO			14. MOTHER'S MAID	PEN NAME	2016		
1/	S NEPHALD WAS DECEASED EVER IN U.S.A	A De Aller S . A	SOCIAL SECURITY NO.	17.	MFORMANT	ETTY	Address_		
(Ŷ	es, no, or unkown) (If yes give wa	r or dates of service)	TO 10 00 T	1/	aronmani	804	N. KE	whole	51
	NO -	19'	14-60-043	TIK	S.F. BUSE	R, ARL	1060	-	FRVAL BETWEEN
1	18. CAUSE OF DEATH [Ente	,	ine for (a), (b), and (c).	1	- 4	. 1 4		ONS	SET AND DEATH
	331X IMMEDIAT	E CAUSE (a)		1	27.60,4	Colorly	-	- ()	yern.
	Conditions, If any, which	DUE TO	2 0 1	01	1. 1. 0.			10	-15-11
	gave rise to immediate	(b)	and the	can	5 th Jakon				- fin
	cause (a), stating the underlying cause last.	DUE TO							
No	PART II. OTHER SIGNIFICANT	/ (c) CONDITIONS CONTRIBU	JTING TO DEATH BUT NO	TRELATI	ED TO THE TERMINAL C	ISEASE CONDITIO	N GIVEN IN PAR	T 1(a) 19.	
CERTIFICATION								YI	PERFORMED?
E	20a. ACCIDENT WAS UNDER	LYING 20b. I	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	Injury In Part I	or Part II of It	em 18.)	
S	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICA	L EXAMINER)							
CAL	20c. TIME OF INJURY Mon	th, Day, Year 20d. II		e. PLACE	OF INJURY (Home, fa	rm, 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.m. p.m.	19 While at work	Not While at work	(ZCLU) y	, ari ear, onica bidg., e	(6.)			
	21. I certify that (I) (t			m_	4-1 1	96 6 to 11	1-16	1966 t	hat (I) (we) las
	saw the deceased alive	111			death occurred a	30A-M, from t	he causes and	on the dat	te stated above
	22a. SIGNATUBE	11-11			ATTENDING	MED 6	1 -	2b. DATE SI	GNED
	1 4.10	ulla.	me	M.D.	PHYS.	MED. DIRECTOR F	TAFF DHYS.	11-1	6-66
	22c. PHYSICIAN'S NAME (Type)	A Live	. 0.0.0		22d. ADDRESS	V HIVE	18 110	lilar	11 DA
-	PUDIAL ODENATION LOOK	DATE THEREOF	IAMS	AFTENY C	DO ADELLATORY	1 00d 1000T	ON CONTRACT	OF COURTS	(State)
23	REMOVAL (Specify)	10 11	230 NAME OF CEN	ALLEKY C	OR CREMATORY	23d LOCATI	ON (City, town	or county)	(State)
24	FUNERAL DIRECTOR	-18-66	ADDRESS	WOI	25a, REC	C'D BY REGISTRAI	R 25b. REGIS	STRAR'S SIGN	NATURE
1	Thomas C.	5 3m 1H	111571	unh !	DO N	U/			
-	I IND LEER SOL	5. 300 42	JUE WA	200	DATE N	U\ ~ ;	66 20	lianta	. Condan

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16006			CEKTIFIC	AIL	OF DEATH			160	118		
0	PLACE OF DEATH OL COUNTY Prince	George's		MARYLAN	ID.	2. USUAL RESIDENCE (W		sed lived, if institut b. COL	rian: Residen	Geo:	odmissio	n)
b	o. CITY OR TOWN (I write RURAL and Chever	f autside carparate limits, give nearest tawn)	3	hrs. 35 m		Hyattsv:	ille			1	16.1	
d		George's G	1			d. STREET ADDRESS Cha	arles	ton Place	9		e. IS RESID ON A FA YES	RM?
0	NAME OF DECEASED Type or print)	Firs Ma	ırgaret	Middle		lost arrick	4. DATE OF DEATH		vembe		19	66
5. 5	Female	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED [DIVORCED [9/16/03		last birthday) 63 yrs.	IF UNDER Manths	Days Days	Hours Hours	Min.
10a. durir	USUAL DCCUPATION ng most of working Homems	(Give kind of work dane life, even if retired) a KCP	106. KIND D INDUST	F BUSINESS OR RY		11.BIRTHPLACE (County Phildel		200		TIZEN OF JUNTRY?	TAHW	
13.	Abdo 1	Jimnum				14. MOTHER'S MAIDEN N Mary Ri		ds		- 4		
15. (Yes	WAS DECEASED EVE s, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of	service) 16. SOCIA	AL SECURITY NO.		elyn Shah	adi-	2313 Dr		St		
	Canditions, if any rise to immediat stating the unde last. PART 11. OTHER SI	e couse (o),	Coro 1) Hype	ach ala	D TO TI	Secolar Secolar HE TERMINAL DISEASE CON	OR CO	2 O VA	28		WAS AUTO	YZ90
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCU	RRED. (Enter nature of injury in l	Part I ar Pa	rt II of item 18.)		Y		NO 🖳
MEDICAL		JRY Manth, Day, Year	20d. INJURY While of work	Not While		E OF INJURY (Home, farm ry, street, affice bldg., etc.)		(City or town)	(Co	unty)	(State)
		fy that (I) (this haspeceased alive an 4.4				death accurred at	% <u>6</u> 4:25,		and an t	he dat		
	22a SIGNATURE 22c. PHYSICIAN'S NAME (Type		qeaq e Hageag	Q e	M,M	22d. ADDRESS	MED. DIRECTOR	STAFF PHYS. C	1/		-6	6
	BURIAL, CREMATIC REMOVAL (Specify BURIAL	11/7/6		c. NAME OF CEMETER Lenwood Address	-	***	Was	ocation (City or To	1. D.	(County		tote)
	he S H		mpamy	ADDRESS 290 / - 1451	C.S.	2So. REC'D	BY REGIST		egistrar's		RE Carlo	d a -

Wash AC 20009

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The afters remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

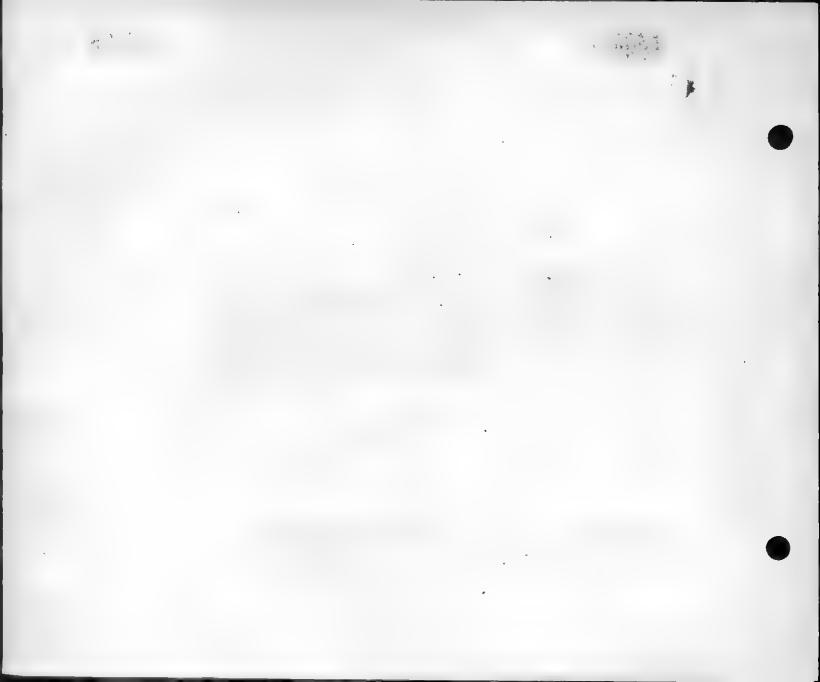
armin at while a word or story A TOTAL and the second s The state of the second of the THE PART OF THE PART OF THE

16007 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTM	MENT OF H	TEALTH
AL	RESEARCH AND RECORDS, 301 W	. PRESTON	STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF	DEATH	16009

ł		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Ri	esidence before admission)
		PRINCE GEORGES MARYLAND D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1D	B. STATE M.O b. COUNTY P.	G.
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
ı		CAPITOL HGTS.	CAPITOL HEIGTS MI	0. /4./
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
4		609 57 M ALE.	609, 5) AUC.	YES NO C
		NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
		(Type or print) ELMER AARON BI	9SINGER DEATH 11-9-	66 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Davs Hours Min.
		1946 CAUC WIDOWED DIVORCED	10-3-1899 67 yrs.	Days Hours Inilia
	10a. durk	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT UNTRY?
٦	E	NGINEER AIR CONDITIONING	PENDORA OHIO U	SA
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		CHIRSTIAN BASINGER	KATHERINE KNIESS.	
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown) ((fixes give war or dates of service)	INFORMANT Address	
-	4	PCS 6-6-1918 3/10/2 577-46-5369 (WITE) SAME AS ABOUC	
	T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 ^ 1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: House Cardia	ic jailare-	ONSET AND DEATH
1		DUE TO 1.7. 1. P.	-//	r°10
1		Conditions, if any, which) the Aveline of Clercitics	c tardiovercular director	101113
		gave rise to immediate cause (a), stating the	r	
1	_1	underlying cause last. (c) Oronongemic	Caronamol. H.	
-	5		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	S		emply sena.	YES NO NO
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	V	_
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	nty) (State)
		Hour a.m. While Not While p.m. 19 at work at work	1	
		21. I certify that (i) (this hospital) attended the deceased from		2, that (I) (we) last
-			death occurred at 6 15 M, from the causes and on the	
		22a. SIGNATURE	ATTENDING MED STAFE //	TE SIGNED
		M.D	FRIS. DIRECTOR FRIS.	-9-1707
,		22c. PHYSICIAN'S PETER DUUS.	22d. ADDRESS	
	1.	OURILL ORDINATION COL. BASE SUPERIOR LANGUESTS	on any many and control (a)	(04-40)
	23a.	REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or cou	/ m = 11 h
	15	FUNERAL DIRECTOR FUNERAL DIRECTOR ADDRESS ADDRESS		/IRG-INIA
	11.	11/ Phanelon Co Minerdale	W/d NOV 1 4 1966 XCC	arles Judge
	VV	, W. Charrioe a do out the att	DATE	0 0

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Division	of
1600	8	
PLACE OF DEATH		

CERTIFICATE OF DEATH

16010

L		20000	LVIII
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)
2	0	o. COUNTY Prince George's MARY.AND	o. STATE Maryland b. COUNTY Prince George's
	ь	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write, RURAL and give nearest town)	c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		vneverly "d.	Riverdale, Md. /C./
, ,/		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
14		Prince Georges General Hospital	6821 Riverdale Road YES NO K
۱ ۱		NAME OF First Middle DECEASED GEORGE	C Lost 4 DATE Month Doy Year
	((Type or print) A. B	assford DEATH II 0 19 00
	5 5	SEX 10 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER) YEAR IF UNDER 24 HRS.
		WIDOWED D VORCED	Sept 4, 1885 81 yrs
	10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? S. A.
	GUIT	ing most of working life, even if retired) Electrician U S Government	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4		James H Bassford	Mary Wells
	IS (Yes		ttie V Bassford Riverdale, Md.
	,	no 179 44 4498 Ha	4
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
	1	IMMEDIATE CAUSE (o)	Museuma D
		DUE TO AAAA	lied and In allie (AND MARCE
		(conditions, if any, which gave) use to immediate cause (a),	in a for the dead
		storing the underlying couse	along - Glas al in way
		lost (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
F "	CERTIFICATION	20 ACCIDENTIMAL IMPERIATION TO AN PECCHIPATION INTERVIOUS COMPARTS	(Carlos activo St. pupe or Part Los Part Hof from 19)
	ERT	OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)
	AL O	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INITIRY Month Day Year 20d INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While for	ctory, street, office bldg., etc.)
	2	p.m. 19 of work of work	10 10 10 10 10 10 10 10 10 10 10 10 10 1
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 1012 (11/2) and the	of death occurred at A. P. M., fram causes and an the date stated obove
		220. SIGNATURE	22b DATE SIGNED (/
			ATTENDING MED. DIRECTOR D STAFF D 1// 7 / 1/6
,		22c PHYSICIAN'S LLL	22d ADDRESS
/		NAME (Type) 7-166 Ree MD	197 Comwerva Nuls
		BURIAL, CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	В	Burial (Specify) Nov 11, 1966 Ft Lincoln C	
1	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W		F. Gasch's Sons Hyattsville, Md.	DATE NOV 1 4 1956 Cleanles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit perm. I floor-please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removed, and in any event, within 72 hours after death

> VR A15 (4) 20 M 1/66

Iteas 13-21 Film 5 4 1-12 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed yed, if institution Residence before admission) o. COUNTY b. COUNTY 2, anu ... PM3. Page Prince George's af MARYLAND Maryland Prince George's delay C LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If outs de corporate limits, Riverdale give negrest town) ofter DOA Greenbelt e. IS RESIDENCE ON A FARM? d, NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS alang with farm Leland Memorial Hospital 8. Give Pages 4 Green Knoll Road YES NO Z be executed within 24 haurs after death 3 NAME OF 4 DATE Day Year DECEASED QF. (Type or print) Morris David DEATH Berman 5 SEX 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthdoy) Manths Hours WIDOWED DIVORCED Office I mall n. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR II BIRTHPLAC rote or foreign 12 CITIZEN OF WHAT during most of working life even if refired) Agriculture Chemist, Dept. Agriculture COUNTRYS A New York репси, 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME B .= Mary Comisar Louis Berman IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address 4 Greenknoll H (Yes, no, or unknown) (If yes give war or dates of service) remayal Mrs. Charlotte Berman Greenbelt, Md. 0/10/42,12/22/45 Yes the Chief Med INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH Intoxication IMMEDIATE CAUSE (o) certificate shauld cate, writing the ward be farwarded to the C used as a burial-tr burial, crematian, DUE TO Conditions, if only, which gove Cyanide rise to immediate cause (o). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO D 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of tem 18.) its designated agent, priar 3 should PR MARY DEG CONTRIBUTING [Took overdose of potassium cvanide CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) Hour orn.

11:20 pm. 11 22 19 66 of work of twork Labon Spricusture Sta. Beltsville, P.G. Md. may be retained far yaur FUNERAL DIRECTOR: Page 21. 1 certify that I taok charge of the remains described above, held an Autopsy [27], Inspection [37], Inquiry [37], and in my apinian Natural causes // Accident// the funeral director. death resulted fram: Suicide X. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER (3) **EXAMINER'S** John Kehoe, H.D. 11-29-66 Riverdale, 11d. NAME (Type) Address (Street, city, fown, or county) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) bulla (Specify) 11/30/66 Arlington National Cem. Arlington, Virginia ADDRESS 3501-14th 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Charles Judge 1966

Bernard Danzansky & Sons St.N.W. Wash. D. CDATE

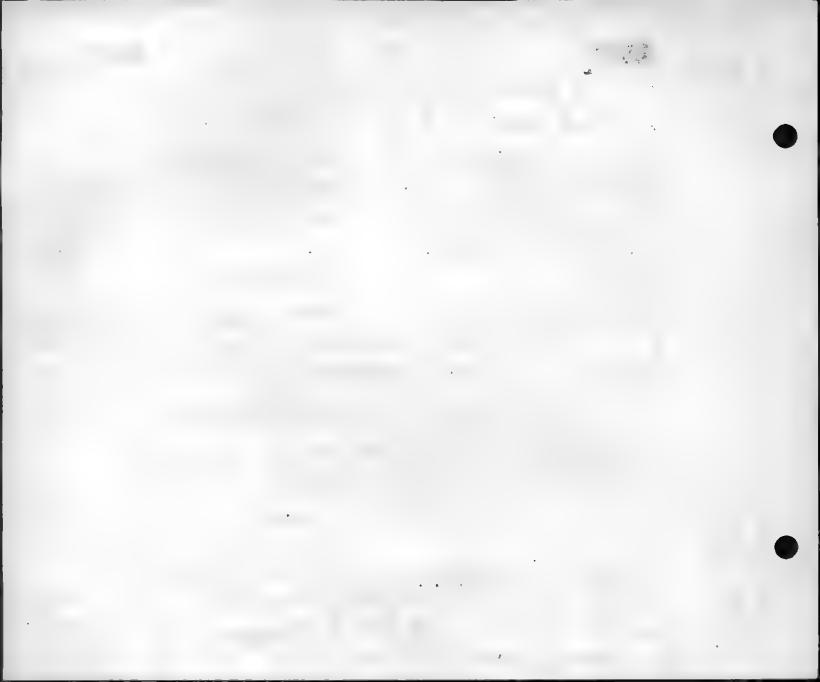
DEC

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. filled in by the funeral in papers. Pages I and 2 yithin 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o COUNTY b COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) hours Glenn Dale (rural) Washington, D. C. 1 vr 1 mo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS no fixed address Glenn Dale Hospital within YES NO IX 3 NAME OF remaye carban Middle 4 DATE Lost Manth Day Year and completely DECEASED I event E. 11/66 Mary 9 (Type or print) Berry 19 DEATH S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Hours 12/11/90 any DIVORCED 100 JSUAL OCCUPATION (Give kind of work done Ξ TOB. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT lease during most of working life, even if retired) INDUSTRY COUNTRY? signed by the attending physician bural-tronsit permit. Then please USA Domestic unknown Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Eliza Woodland John Mason IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dotes of service) J.O decedent no crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN one week PART I DEATH WAS CAUSED BY Pulmonary thrombo-embolism IMMEDIATE CAUSE (a) attending physician. failure DUE TO burial, Arteriosclerotic heart disease with congestive/ Conditions, if any, which gove unknown rise to immediate cause (a) DUE TO stating the underlying cause as the has been Generalized arteriosclerosis last. unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY No PERFORMED? Health (Chronic pyelonephritis YES IC NO by the haspital or TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg , etc.) Nat While State | ATTENDING at work ot work þę 21. I certify that 2) (this haspital) attended the deceased from 10729/19 65, to 11/391966 , that XI) (we) last be retained shauld with the 11/9/ 19 66, and that death accurred at1:05PM, fram causes and on the date stated above. saw the deceased olive on 22a SIGNATURE 22b DATE SIGNED STAFF PHYS. 3 11/9/66 M.D DIRECTOR director, page should be filed PHYS. eq 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may Glenn Dale Hospital Weiss. M.D. NAME (Type) Glenn Dale Md DATE THEREO 23o. BUR AL, CREMATION 23c. NAME OF (CEMETER) OR CREMATOR) 23d. EDCATION (City/for Town) REMOVAL (Specify) 25h REGISTRÁR'S SIGNATUR 24. FUNERAL DIRECTOR tianley VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY Prince George's Prince George's Maryland MARYLAND b CITY OR TOWN (If auts de carparate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Cheverly 16 days Hvattsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d STRFFT ADDRESS ON A FARM? Prince George's General Hospital 5621 Hamilton Manor Drive YES NO 3 3 NAME OF Middle Last 4. DATE Manth DECEASED Nan Bettis November 25. 19 66 (Type ar print) DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 48 lost birthdoy) 2/4/18 Female White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife IT COUNTRY? own home "ashington D. C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter E Howard Eva M. Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 579 03 4334 Joyce A Curtin Hyattsville, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (a) TO PART I. DEATH WAS CALSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Inst WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX 20g ACCIDENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Hour a.m. factory, street, office bldc., etc.) Nat While at work at work 21. I certify that (I) (this haspital) attended the deceased fram Nov. 9 . 19 66 , ta Nov. 25 , 19 66 that (I) (we) last saw the deceased alive an Nov. 25. 19 66, and that death accurred at 6:00 M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 11/25/66 M.D PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Edwin J. Jensen. NAME (Type) Prince George's General Hospital.Cheverly 23c NAME OF CEMETERY OR COMMATORY 23b DATE THEREOF 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Nov 28, 1966 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Hyattsville, Md. DATE

requires that the death certificate be executed within 24 haurs after death

campletely filled in I

and

physician o ease

attending phy permit. Then

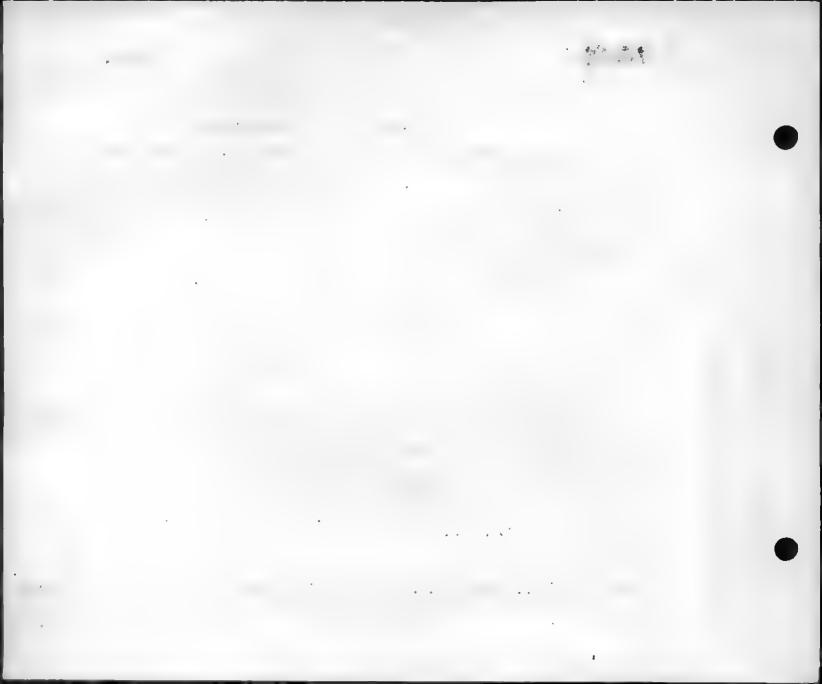
has been

TO FUNERAL DIRECTOR: After

director, page shauld be filed

VR A15 (4) 20 M 1/66

Eg G



Page

form

alang

deloy

gud PM3

Give Pages

Ξ

cent ficate shauld

execute the certificate,

4 should

director.

the funeral

O DEPUTY

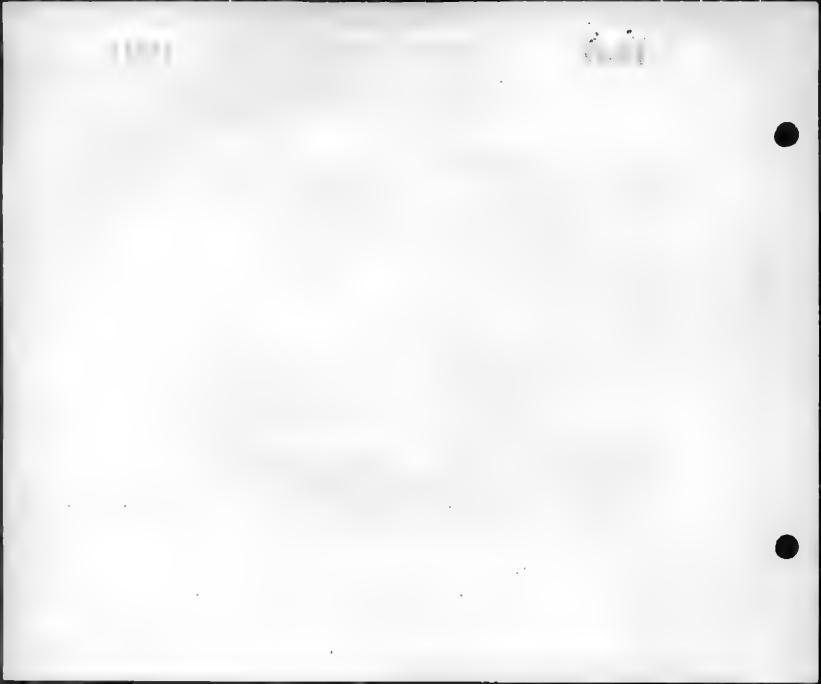
5 death Department ofter haurs ate he within event and 2 In any Fig. and permit removal, Б crematian, buriol D 0.5 burial, p prior 3 shauld agent, DIRECTOR: Poge designated

"pending" ii iief Medical I icate, writing the ward be farwarded to the Ch may be retained 'n

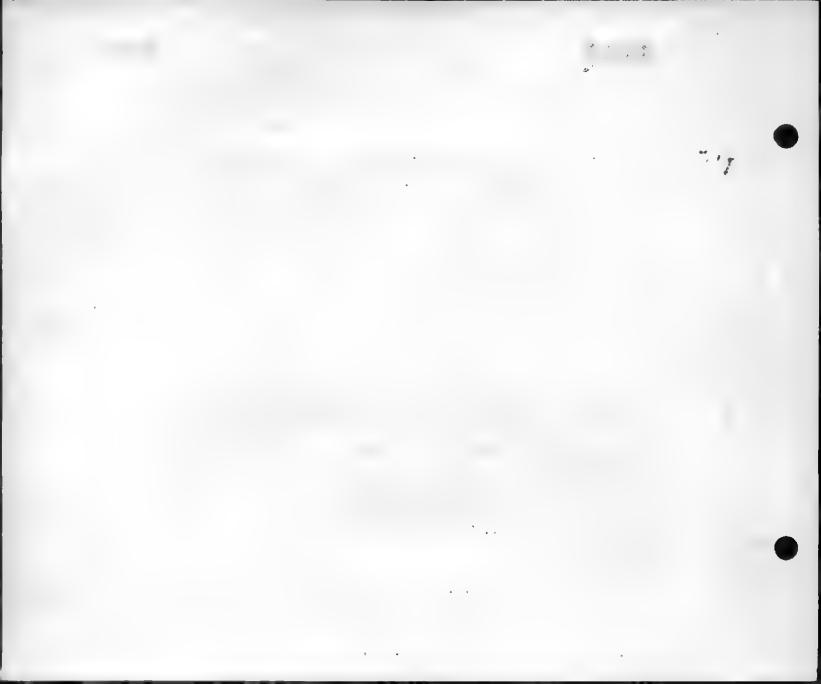
FUNERAL Health

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission), a COUNTY b formince George's Prince George's MARYLAND b. CIY OR TOWN (If outside carparate imits, c LENGTH-OF STAY N-1b c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) write RURAL and give nearest town) W. H vattsville DOA d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's Hospital 5903 Jamestown Road YES NO EX 3 NAME OF Middle 4 DATE Last Manth DECEASED Bevins, Jr. 19 66 November Albert (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9 AGE fin years IF UNDER YEAR F UNDER 24 HRS NEVER MARRIED 40 b rthday) Manths Hours _ male white 5-28-26 Days WIDOWED D VORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working its even if retired) Trucking Co. COUNTRA? W.Va 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Bovins Sr Bertha Davis Albert IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, negocial nawn) (If yes give war ar dates of service) 236 34 2416 Roberta E Bevins Hvattsville, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute intoxication IMMEDIATE CAUSE (a) DUE TO Canditians, Fany, which gave Carbon monoxide and ethyl alcohol (b) rise to immediate couse (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPSY PERFORMED? 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Port II of item 18.) PRIMARY Stor CONTRIBUTING CAUSE OF DEATH Inhaled automobile exhaust fumes while repairing tractor 20c TIME OF N.JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) While at work About 1:00am 11-19-66 McLean Trucking Landover P.G. Md. at work 21 I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection 🔀 Inquiry X. end in my opinion Natural Lawses deoth resulted from Accident XX Suicide 🗀 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER - 23 11-20-66 **EXAMINER'S** John Kehoe, M.D. Rainers and Rabe town Salaunty) NAME (Type) 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Buria 1966 Mt View Mem Gardens Balfry ADDRESS 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Muarles Nalley Funeral Home Mt Rainier, Md.

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16013 and 2 death. law requires that the death certificate be executed within 24 hours after death nating physician. physician and campletely fulled in by the funeral en please remave carban papers. Pages I and aval, and in any event, with n 72 hours after deat I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY Prince George's o. COUNTY Prince George's o. STATEMary land MARYLAND c. LENGTH OF STAY IN 16 c (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest town) Hvattsville 5 davs Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in baspita, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 3402 55th Avenue YES NO X Prince George's General Hospital DATE 3 NAME OF Middle Last Month Doy Year DECEASED Т. 1966 Birch November 7 Irene (Type or prent) DEATH IF UNDER 1 YEAR B. DATE OF BIRTH 9 AGE (in years IF JNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 76 lost birthday) Months Days 4/28/90 Hours White Female WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 18p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working te, even if retired)
Housewife COUNTRY? own strone Washington D C 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval Mary Miller William Clarridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit (Yes, na, ar unknown) (If yes give war ar dates of service) 578 32 5295 Wilbur E Birch Hyattsville, Md. signed by the after burial-transit perm aburial, crematian, a 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (h), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Cand tians, if any, which gave rise ta immediate cause (a) DUE TO attending 1 ed far use as the l caf Health priartat stating the underlying cause has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NOXX by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item IB.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) Hour o.m. While ot work at work 2). I certify that (1) (this haspital) extended the deceased fram_/ 196, to Nov. 7. 156, that (1) (we) tast Page 4 may be retained saw the deceased affine an Nov. 7 19 68 and that death accurred at 8:25 M. from causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 11/7/66 PHYS. M.D. DIRECTOR PHYS. be filed ADDRESS 22c PHYSICIAN S NAME (Type) Aaron Deitz, M.D. Prince George's Plaza, Hyattsville, Md. director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (State) (County) Nov 10, 1966 BEMAWAL (Specify) Colmar Manor Ft Lincoln Cemetery Pro Geo Md. ADDRESS 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 20 M 1/66



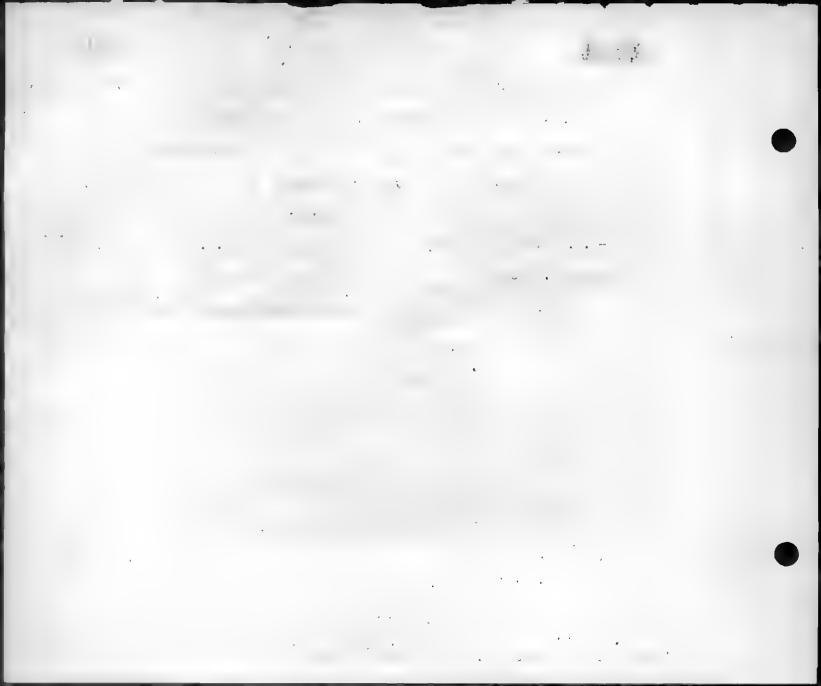
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please myove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thatily event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

90

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

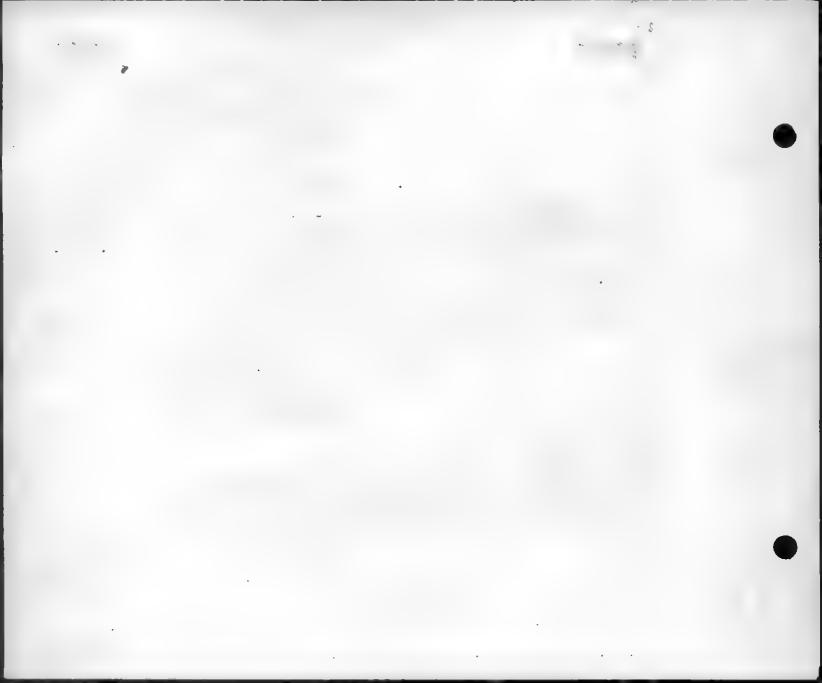
L	1601	4		CERTIFIC	AT	E OF DEATH			1601	n
1.	PLACE OF CEAT						E (Where deceased	ived, If Instil		ce before admission)
		Prince	George	MARYLA	INO	a. STATE Mary	land		Prince	George
	b. CITY OR TOW Write RURAL	N (if outside cor and give neares	porate limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corporate	limits, write	RURAL and g	ive nearest town)
_		Hyattsv:	ille	Seven yea	rs		tsville		10	11
	d. NAME OF HO	SPITAL OR INSTIT	IUTION (if not in he	spital, give street add	iress)	d. STREET ADORESS				e. IS RESIDENCE ON A FARM?
		Sacred	Heart Home	е		6105	Balfour	Drive		YES NO X
3.	NAME OF DECEASED		First	Middle		Last	4. OATE OF	Month	Day	
	(Type or print)	6. COLOR OR R	Clara	Lavin		Blakeney B. DATE OF BIRTH		lovemb		
	Female	White	7. MIMICIEU				last	birthday)	lonths Days	Hours Min.
		11111111	WIDOWED NOR H	INO OF BUSINESS OR		Aug. 9, 187		yrs.	12. CITIZEN	OF WHAT
du	I. USUAL OCCUPATING most of work	ing life, even if r		OUSTRY				cigii coulid y y	COUNTR	MU.S.H.
	lerical-L		rnment	Ret		Washington			United	1 States
1			la aleses							
15	, WAS DECEASED	Liam M. E		SOCIAL SECURITYNO.	17.	Mary Dall	as lost	Address		
(Y	No wr unkewn)	(If yes give war or d	lates of service)	0-44-5367-9	N	orman S. Lai	544.		h Avenu	
=			ly one cause ner li	ne for (a), (b), and (c),		COPCOPE CO	TOUR . IN SE	ttsvil		TYLAND ERVAL BETWEEN
		ATH WAS CAUSE	D BY: //	T. P.	4.	11/2/10				SET AND DEATH
	1	IMMEDIATE CA		growne pus	ais	mune				zaryo_
1	Cenditions, If		DUE TO	- Den	17.	truld	mul			3 nerso
П	gave rise to cause (a), s		DUE TO		- J. C.	L. partico				-
	underlying caus		(c)							
TION	PART II. OTHERS	SIGNIFICANTCON		TING TO DEATH BUT NO	T RELA	TED TO THE TERMINAL O	ISEASE CONDITIO	IGIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
ICA									Y	ES NO
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYIN ING □ CAUSE OF TIFY MEDICAL E)	OEATH	DESCRIBE HOW INJURY	OCCU	RREO, (Enter nature of	injury in Part I o	r Part II of .	item 18.)	
MEDICAL		NJURY Month,	1			CE OF INJURY (Home, fa ry, street, office bldg., e		r town)	(County)	(State)
MED	Hour a.r		19 at work	Not While at work	14000	ry, act coc, o med blog., e				
	21. I certif	y that (I) (this	hospital) attende	ed the deceased fro	m_L/	/-// 19	69, to 1/-	9	, 19 <i>leb</i> , t	that (i) (we) last
		ceased alive or	1/-4-	19 <i>66</i> , an	d that	death occurred at	M, from th			te stated above.
	22a. SIGNATU	77	9/1.01	? ' ,		ATTENDING N	AEO. S	IAFF -	22b. OATE S	IGNED
	22c. PHYSICIJ	IN'S	1 CREE	420/	M.D	PHYS. I	DIRECTOR ! PI	iys. L.	1/- 7-1	00
	NAME (T	(pe) 7 HO	MAS-f.	COLL IN	5	3.	25-HB	INE		
23	- REMOVAL (Sp.	ATION, 23b. 0			_	OR CREMATORY	23d. LOCATIO		n or county)	(State)
24	Surial FUNERAL DIRI	Nov.	12, 1966	Mt. Olivet	(e	metery	O BY REGISTRAR	ngton,	U. C.	NATURE
J	ohn B. T	homas 🕓	48/- 21/5 /16	. 22 8434 Ge	org	ia Auga		5 20	lianle	Judge
14	larner E	Pumphre	4. Ino.	Silver	504	ing MODATEN	1 4 100	10	, ,	1 1

VR AIS (4) 20M I/65



To		16015	CERTIFICATE	OF DEATH		16017
	1 (PLACE OF DEATH O. COUNTY Prince Georges	MARYLAND	2 USUAL RESIDENCE (V a. STATE Maryland	Where deceased lived, if institution b. COU	tion Residence before odmission) INTY rince Georges
		b CITY OR TOWN (If outside corporate minits, write RJRAL and give nearest town) Riverdale	c LENGTH OF STAY IN 16 2 days		tside corporate limits, write RU	JRAL and give nearest town)
		d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital,		d. STREET ADDRESS	TTG	e IS RESIDENCE
9	,	Eugene Leland Memorial	,		mamual Chanada	e IS RESIDENCE ON A FARM? YES NO
1	2 1		Middle	lost	ragut Street	
	i	DECEASED (Type or print) Harvey	A. E	olyard	OF Nove	ember 16 19 66
		SEX 6 COLOR OR RACE 7. MARRIED White Widowed		6-24-94	9 AGE (In years lost birthdoy) 72 yrs	Months Doys Hours Min.
	10o dur	na most of working life, even if retired)	KIND OF BUSINESS OR NOUSTRY	West Vi	State orforeign country) rginia	12 CIT ZEN OF WHAT COUNTRY?
ı	13.	FATHER S NAME		14. MOTHER'S MAIDEN N	IAME	
١		John N. Bolyard		Martha H	laddix	
	15 (Ye	a siere in e		NFORMANT Son/Medical	Record	ress
		18. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	CARCINOMI		10MA LEFT	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED ((Enter noture of injury in I	Port I or Port II of item 1B.)	
	MEDICA	Hour o.m. While p.m. 19 at wa	e Not While of foctors	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
		21. I certify that (I) (this haspital) attersaw the deceased alive an	nded the deceased fram	/ Nov., 1 t death accurred at	966, ta <u>Prese</u> 545. M, fram causes	and on the date stated abave.
		220. SIGNATURE	,	D. ATTENDING PHYS	MED. STAFF DIRECTOR PHYS. C	DATE SIGNED
		22c PHYSICIAN'S NAME (Type) C, J. HOU	MANN	R	IVERDALE	DICAL GROUP, MD.
	E	BURIAL (REMATION, 23b DATE THEREOF 11-21-66	Harmony Met	morial	Landover,	. D.L.
	24.	FUNERAL DIRECTOR	ADDRESS	250 REC'D	BY REGISTRAR 2Sb R	REGISTRAR'S SIGNATURE
			MITTOTAL O	1 101	111 7 7 1016	I CONCERNY BUT VARIOUS

IO HOSPITAL OR ATTINDING MIYSICAN: The law requires that the leath certificate be executed within 24 hours after death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. 2. a. COVATA the h b. COUNTY a. STATE after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicials and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then plassed howe carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and wany event, within 72 hours after 300 Mg MARYLAND ы b. GITY OR TOWN (If outside torporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neafest town) c. LENGTH OF STAY IN 1b WITHE RURAL and give nearest town) HUATISVILLE completely filled in ve carbon papers. 09 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS O MOSTILLE OR ETTERMING PHYRICAN: The lam ringuirns wat the drath certificate be executed within Page 4 may be retained by the hospital or attending physician. 3. NAME OF First Middle Last DATE Month DECFASED OF DEATH NEMY (Type or print) 2 d 6. COLOR OR RACE DATE OF BIRTH AGE (In years | If UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if retired) RAKERI AND AFEW 13. FATHER'S NAME MOTHER'S MAIDEN NAME NKNOWN BULLING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address AAAIE 17. INFORMANT 16. SOCIAL SECURITY NO. EMMA (Yes, no, or unkown) (If yes give war or dates of service) 77 05 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a). stating underlying cause last. (C) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) for use 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1960 to 11-10 - 4 21. I certify that (I) (this hospital) attended the deceased from. 19 66 saw the deceased-alive on 22a. SIGNATURE ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22C-PHYSICIAN'S NAME (Type) 135m CEMETERY OR CREMATORY 23b. DATE THEREOF NAME OF BURIAL, CREMATION, 23c. REMOVAL (Specify) NOV 6

19 66 and that death occurred at 6 ocff M. from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, town or county) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

echaqu

e. IS RESIDENCE

ON A FARM? NO X

Year

1966

ATTSVILL

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

0

Months

YES .

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO T

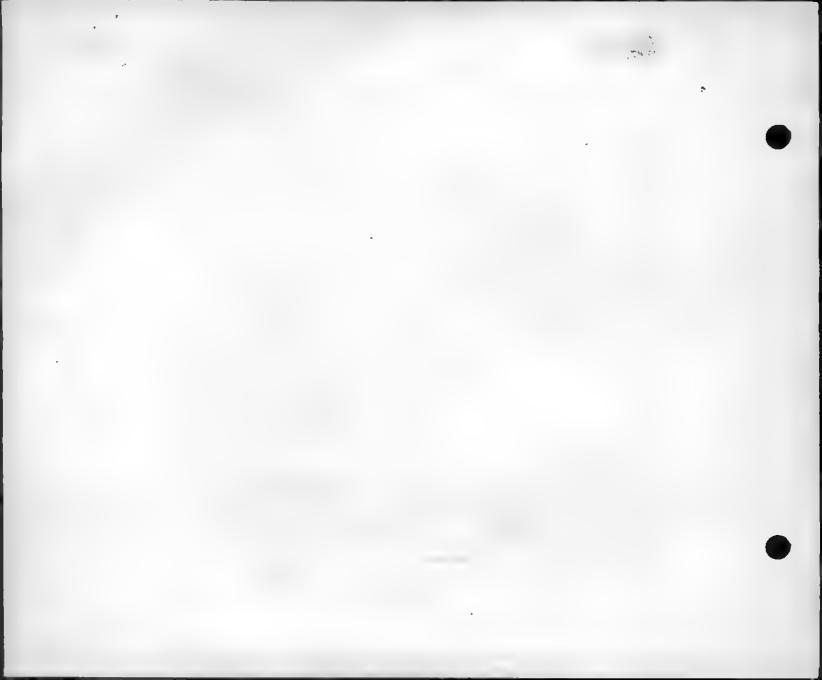
(State)

PERFORMED?

YES [

(County)

VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 2. a. COUNTY A by the Pages 1 after of MARYLAND TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) remove carbon papers. Pagin any event, wit≣in 72 ho≡ hours filled in I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? NO A YES : completely executed within NAME DF DATE Month 3. Middle 4. DECEASEO OF OEATH (Type or print) 19 lease remove (6. COLOR OR RACE AGE last SEX OF BIRTH (in years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO **NEVER MARRIED** birthday) Months Oays Hours and WIDOWED DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please pe COUNTRY? requires that the death certificate FATHER'S NAME removai, MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. ō (Yes, no, or unkown) | (If yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be file!! with the State Dell't, of Health prior to limial, cremation, NTERVAL BETW CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND BEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate **OUE TO** (a), stating underlying cause last. (c) PHYSICIAN: The law CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO YES [the hospital 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While Š p.m. at work at work be retained that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on SIGNAPURE 22b. **OATE SIGNEO** ATTENDING STAFF PHYS **OIRECTOR** PHYS Page 4 may PHYSICIAN'S 22d. **AOORESS** director, p should be NAME (Type) DATE THEREOF (State) 23a. BURIAL, CREMATION,, 23b, CREMATORY 23d. LOCATION (City, town or county) REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE N

MARYLAND STATE DEPARTMENT OF HEALTH

.15M 4-64

70 funeral and 2 r death. Pages a after von papers. Pag within 72 hours hours .≘ filled remove carbon por many event, within within exemitind physician in please re certificat remova attending r transit permit. death been signed by t the burial-transit on to burial, crema the hospital or attending pllysician. law requires that has been e as the l THYSICIAN:

r this certificate hadetached for use a te Dept. of Health p be de State I After 3 sllould with the OTRECTOR: page o FUNERAL director, pa should be fil

50

CERTIFICATI

MEDICAL

REMOVAL (Specify) Burial

MARYLAND STATE DEPARTMENT OF HEALTH INISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince Georges Prince Georges Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Forestwille Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Regent Nursing Home 5703 22nd Avenue S NO X YES NAME OF First Middle DATE Month Year Last 4. DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 8. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED IV DIVORCED 1883 83 April 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Retired Retail Virginia USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME William H. Brooks Jeny Lind Patton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND, 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) Louis Kovach 5703 22nd Avenue S 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES (2Da. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 1) of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19_44_. that (I) (we)-last 19 UL, and that death occurred at 3)01 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS

22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

LOCATION (City, town or county)

(State)

24. FUNERAL DIRECTOR ADDRESS Wilhelm Funeral 4308 Suitland Rd., Suitland Md.

1966

Prince Georges, Marylan Y REGISTRAR | 256. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 1966 DATE

Charles Judge

Maryland

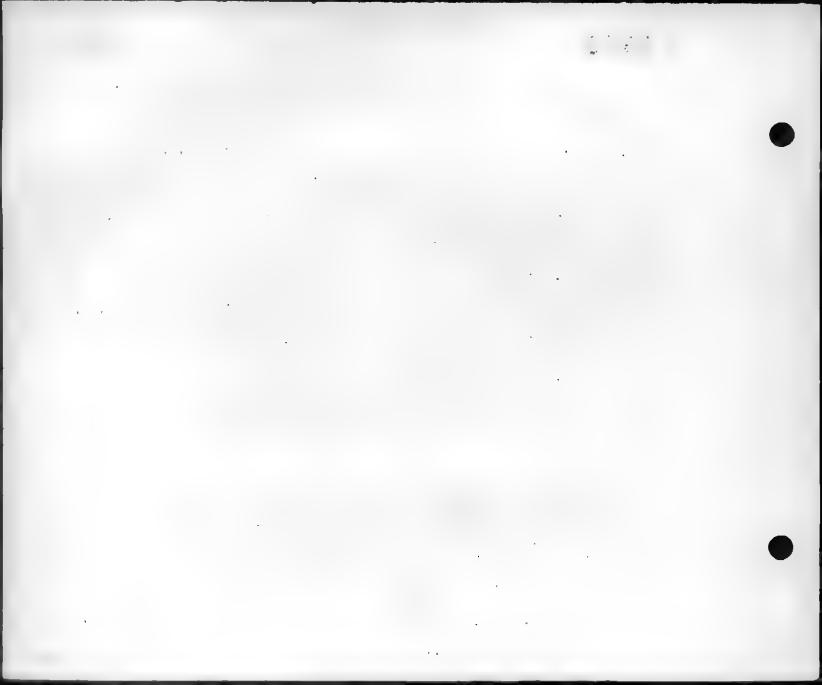
ATTENDING

D HOSPITAL

retained

may

age



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 4040 FOR STATE HEALTH DEPT

delay is

in menci in Item 18 Give Bages 1, 2, and 3 to

This certificate should be executed within 24 haurs ofter death. If

necessary, please execute the certificate, writing the word "pending"

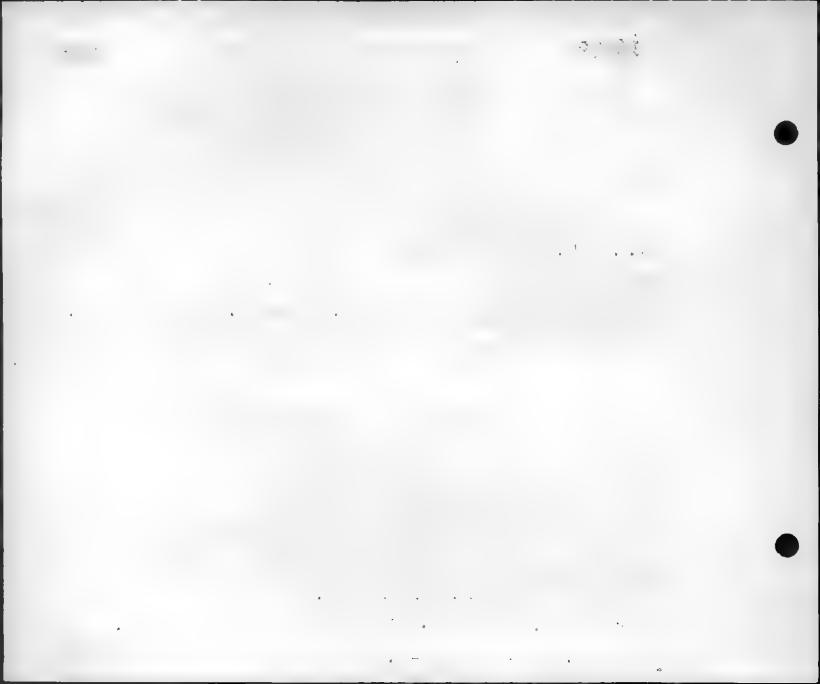
TO DEPUTY MESTAL EXAMINER:

ages 1 and 2 with the State Department of n any event within 72 hours after death. a buriol-tr≡nsit permit

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page Health or its designated agent, prior to burial, cremation, or removal, TO FUNERAL DIRECTOR: Poge 3 should be used os 5 may be retained for your files.

	10013	WEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	16021
	PLACE OF DEATH	1			an Residence befare admission)
	o COUNTY Prince George's	MARYLAND	o. STATE Marvland	b. COUNT	
_	b CITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn)	c LENGTH OF STAY N 16	c CITY OR TOWN (If autside	carparate limits, write RUR	ce George s A. and give nearest tawn)
	Clinton	DOA	Clinton		16.1
	d NAME OF HOSP TAL OR INSTITUT ON (If not in 1	haspital, give street address)	d STREET ADDRESS		e IS RESIDENCE
	Southern laryland Med	ical Center	7346 Ballard	Drive	ON A FARM? YES NO IX
3	NAME OF . First	Middle		DATE Month	
	DECEASED (Type or print) James	Rudolph B	rown	OF DEATH	18 19 66
_	The state of the s		B DATE OF BIRTH	9 AGE (n years	IF UNDER 1 YEAR I IF UNDER 24 HRS
		The same of the sa		last birthday)	Manths Days Hours Min
0.0	Male White Work dane	TOB KIND OF BUSINESS OR	2 <u>-22-1906</u> 11 BIRTHPLACE (State or fo	160 yrs 1	12 CITIZEN OF WHAT
lur	ing mast af warking life, even if retired)	INDUSTRY	Maryland	, · · · · · · · · //	COUNTRY? USA
13	U.S. Gov't.		14 MOTHER'S MAIDEN NAME	-	NGU
	James E. Brown		Jeanette Po		
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOC A. SECURITY NO 17 I	NFORMANT	Addres	
	es, na, ar unknawn) (If yes g ve war ar dates af serv	uralt			16
			. Catherine 1	1. brown san	ne as # 2.
	18. CAUSE OF DEATH (Enter only one couse pe PART 1 DEATH WAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH
	, IMMEDIATE CAUSE (a) _	Heart failure			minutes DEATH
		Arteriosclerotic he	eart disease		over 2 yrs.
	Canditians, if any, which gave (b)				
	stating the underlying cause (DUE 10				
	lost. (c) _				
202	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND TO	ON G VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO 🔀
E C	20g EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part	or Part L of Item (8)	11.5 11.0 @1.
H	PRIMARY ar CONTRIBUTING CAUSE OF DEATH				
8	20c TIME OF NURY Month, Day, Year	20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	20f (City or town)	(County) (State)
MEC	Haur a m. p.m. 19		ary, street, affice bldg., etc)	(cr) ar rain,	(500.0)
	21. I certify that I took charge of	the remains described obove, hel	ld an Autopsy 🗔 . Ir	spection 🔂 . Inqui	ry X, ond in my opinion
			de , Homicide	Undetermined mo	
	$\Delta = 1/4$		CHIEF MEDICAL EXAL		
	ACTUAL SIGNATURE	My	M.D. ASSISTANT MEDICAL	EXAM-NER	22. DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EX	AMINER X	
	NAME (Type) John Kehoe,	M.D. Riverdale.	Md. Address (Street, city	, tawn, ar county)	11-20-66
230	BUR AL, CREMATION 236 DATE THEREOF			23d LOCATION (City or Tow	n) (Caunty) (State)
	Burial Nov. 22-1	966 Mt. Olivet Oc	emetery	Washington,	DO.
	. FUNERAL DIRECTOR & BLOS	ADDRESS Wash	DO 250 REC'D BY	REGISTRAR 256 REG	Clianles Judge
S	immons Bros. Funeral	Home 1661-Gd. Hope H	R.SE DATE NOV	2 2 1986 /	maries Judge

VR A15ME (5) 6M 1/66



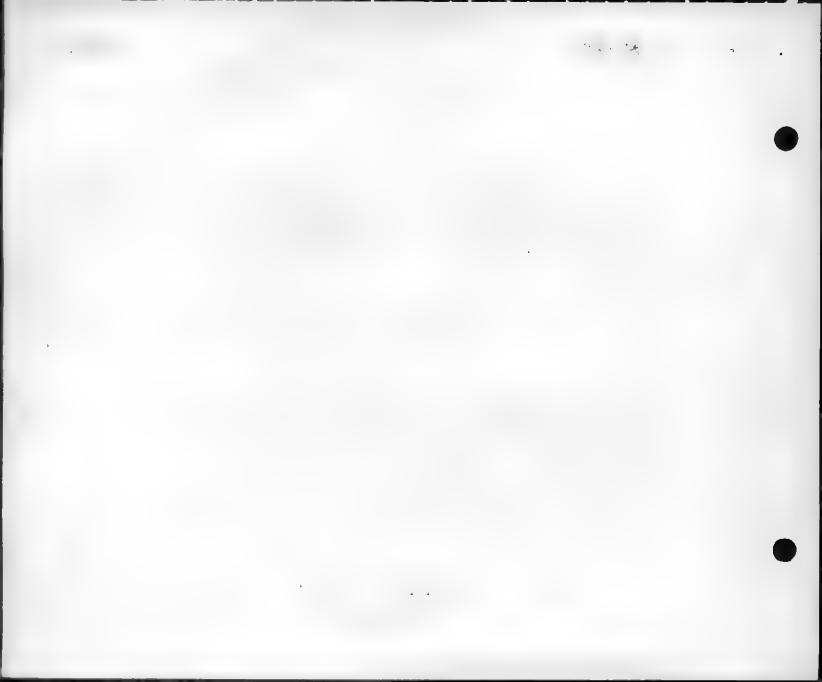
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16020CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND nd compretely filled in by the full emove corbon papers. Pages 1 ony event, within 72 hours after c. LENGTH OF STAY IN 16 CITY OR TOWN (If puskide corporate lumits, write RURAL and give negrest to b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e IS RESIDENCE ON A FARM? d STREET ADDRESS INSTITUTION (If not in haspital, give street address) d. NAME OF DATE 3 NAME OF Middle First OF DEATH DECEASED (Type or print) AGW IF UNDER 1 YEAR IF UNDER 24 HRS SEX COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Hours D+VORCED WIDOWED puo 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR COUNTRY? INDUSTRY physicion c during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal Address 17 INFORMAN IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service move INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH signed by the burial-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave ? rise to immediate couse (a), DUE TO stating the underlying couse director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to WAS AUTOPS) PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION NO this certificote 205. DESCRIBE HOW IMJURY OCCURRED. (Enter nature of injury M Port I or Port II 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CADS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. of work at work **DIRECTOR:** After 1966 that {|} (we) lost 21. I certify that (I) (this haspital) ottended the deceased from 19 66, and that death occurred at 10 20 BM, from causes and on the date stated above saw the deceased alive an DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS M.D. 22d. ADDRESS PHYSICIAN S Page 4 may NAME (Type) 230 BURIAL, CREMATION ROMOVAL (Specify) LOCATION (City or Towy) (Stote) NAME OF CEMETERY OR CREMATORY (Couply 250. REC'D BY REGISTRAR FUNERAL-BIRECTO VR A15 (4) 20 M 1/66

16021

CERTIFICATE OF DEATH

16023

death	E E E	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased fived, if institution, Resider	nce before admission)
	by the funeral Bages I and naurs after death		O. COUNTY PRINCE GEORGE MARYLAND	O STATE MARYLAND b. COUNTY PRIN	VIE GEORGE
afte	affe affe		b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c CITY OR TOWN (If autside carparate limits, write RURAL and giv	/e nearest tawn)
2	ed in by the		write RURAL and give neorest town)	CLINTON	1 1
hg		H	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
24	filled in paper thin 72	, 3	CARROLL MANOR NURSING HOME		ON A FARM?
hin.		3	NAME OF First Middle	Lost 4. DATE Month	Day Year
executed within 24 haurs after			(Type or print) EVELYN E. B.	RYAN DEATH NOU.	30, 1966
ted	impretr ve carl event,	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR 1 IF UNDER 24 HRS Days Haurs Min
xecr	ind campremarke		FEMALE CAU, WIDOWED DIVORCED	Oct. 10, 1877 Seg yrs. Manths	hake want will
	C) 1=	1	Og US., AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT DUNTRY?
9	ase	0	Lying most of working life, even if retired) HOUSE WORK DOMESTIC	CHARLES MARYLAND	V.S.A.
liga Taga	'S		13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
certificate be	g phy Then mava		JOHN N. KOBEY	MARY C. TURNEI	2
			IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT 0 1527 286A	Sr. S. 6.
dea	and the second		(Yes, na, ar chinawn) (If yes give war or dates of service) 218-24-7132	ARTHUR BRYAN, WASH. D	_
that the death	C 0.2	F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
ŧ	an. by the transit p cremati		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Thrombos	is with Myocardial Infarction	ONSET AND DEATH 24 hours
s th	5 m 7 ~		4/20 1/ DUE TO		
uire	pnysii signed burial burial		Conditions, if any, which gave (b) Hypertensive Hear	t Disease	7 months
Jed C	o e prijeraje Prijeraje		stating the underlying cause DUE TO		
A S	bee bee		lost. (c)		The two works
e de	on on one		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AJTOPSY PERFORMED?
- '- '	ate har ar a	7			YES NO THE
- 8 3	트플즐포	1	E 200 ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING □ CAUSE OF DEATH	. (Enter nature of injury in Port I or Part II of item 18.)	
Z.	asp cert hed ot. a	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ASS OF INTURNAL II. I DON'T IF I WAS A STATE OF THE STATE	((4.4.)
E d	his etac Der)	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. Pl. While Not While of	ACE OF INJURY (Hame, form, 20f. (City ar town) (Co ctory, street, affice bldg., etc.)	ounty) (Stote)
න 1	y mer te de		pm. 17 atwark 🗀 atwark 🖂		
2	Affi d b e Si		21. I certify that (I) (this hespite) attended the deceased from saw the deceased alive an November 30 1966, and the	April 7 , 19 66 , 10 November 309	bb, that (I) (we) las
	alne Saul H th	-	220. SIGNATURE	ar death accorred and 14.15 M, fruit causes and an	DATE SIGNED
A S	S st With With With With With With With Wit			ATTENDING MED STAFF 1	/30/66
0.2	DIRE DIRE 198 3		22c PHYSICIAN'S	A.D PHYS. 22d DIRECTOR L PHYS. L III	30700
ITA	XAL XAL XAL Po Po be f	/ [NAME (Type) Thomas F.Collins, M.D.	322 H Street N.E., Washingt	on,D.C.
O HOSPITAL	Fage 4 may O FUNERAL directar, po shauld be f	=	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
Ĭ	Serge Serge		REMOVAL (Specify) 12-3-66 CEDAR H		G., MD.
1	K ₂	1	24 FUNERAL DIRECTOR / ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	VR A15 (4)	y	The Lant Temor- & Stome Whichend	MY DEC 1906	it is wedge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

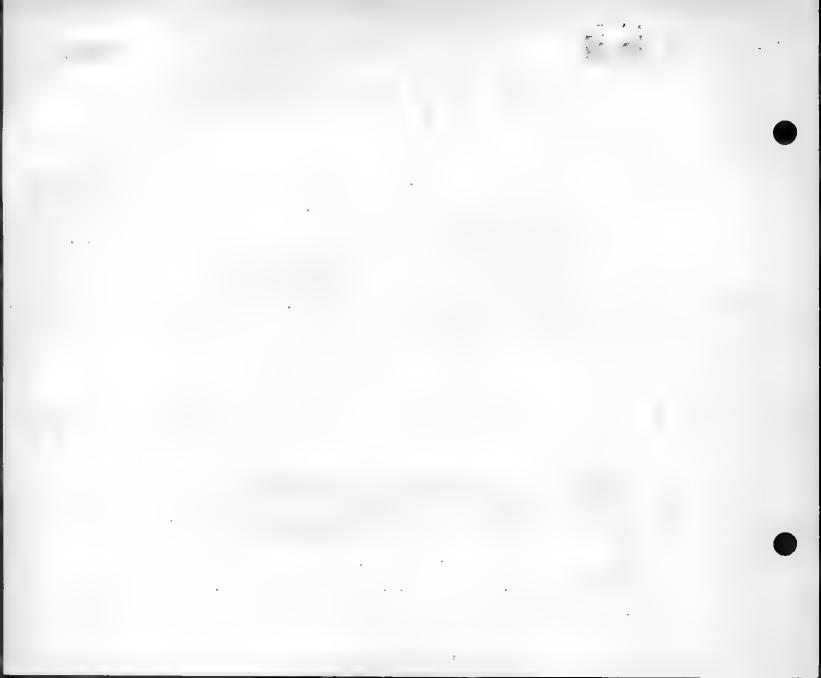
16022			CERTIF	ICATE	OF DEATH				602	24	
1 PLACE OF DEATH					2. USUAL RESIDENCE	(Where de			ence before	admissio	(חנ
a. COUNTY P	rince Geor	PAR	MARY	TAND	a. STATE	yland	b. (Prince	Georg	naac	
5 CITY OR TOWN (If o			c LENGTH OF STAY II		c. CITY OR TOWN (If o						
write RURAL and gr	ve nearest tawn)				•			KOKAE OHU 9	**** (100.03)	,,,,	
	heverly		3 days			River	rdale			IC DECIT	TAKE
d NAME OF HOSPITAL	OR INSTITUTION (If nat	in haspital, gri	ve street address)		d. STREET ADDRESS				\$	IS RESID	
Prince	Georges Ge	neral	Hospital		542	5 55	th Place		Y	(ES 🔲	NO 🗌
3. NAME OF	Firs	Ì	Middle		Lost	4. DA	TE /	Aonth	Day	Ye	ar
DECEASED (Type ar print)	El	dridge	Edwa	rd	Bunch	OF DEA	\TH	Nov.	14	19 (66
	COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In year	s F UNDE	R 1 YEAR	IF UNDER	
Male W	hite	WIDOWED T	DIVORCED	, iii	3 July	10011	tast birthday	,	Days	Hours	Min
10a JSUAL OCCUPATION (G		-	D OF BUSINESS OR	241	11 BIRTHPLACE (Count				CITIZEN OF	WHAT	
dur ng mast af working life. Maso	even if retired)		USTRY		Washing				OUNTRY?		
13. FATHER'S NAME	Hary				14. MOTHER'S MAIDEN		D. U.				
	E. Bunch						M. Chis	holm			
						Tall					
IS WAS DECEASED EVER IN (Yes, na, ar unknown) ((If	U.S. ARMED FORCES?	(6. SC	OCIAL SECURITY NO.		IFORMANT			ddress			
no	Tes give wer ar autos ar	301.1100,		Ra	ymond Bai			6th	ve.		
18. CAUSE OF DEATH V	H (Enter any one cause WAS CAUSED BY: IMMEDIATE CAUSE (c	- AA	a), (b), and (c).)	N.E.	4		e, Md. nc7/o	\dot{v}		RVAL BET	
4-20i	DUE T		/						2010	177	1 1
Canditions, if any, w	stab mana a	b)									
rise ta immediate c	ause (a), (
stating the underlying last.	ng couse	c)									
			DOLLER DUT NOT DEL	ATCD TO T	HE TERMINAL DISEASE CO	DMDITION	CONTAL IN DARK 1/-	\	T 19	WAS AUT	Y29O
S PAKI II. VINEK SIGNI	FICANT CONDITIONS CO	NIKIBUTING TO	DEATH BUT NOT KEE	AIED IO II	HE TERMINAL DISCASE CO	MOTHON	SIVEN IN PART ILU)		PERFORM.	ED?
Z									YE	S 📗	NO ,
2Do. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CURRED. (Enter nature of injury in	n Port I or	Part II of stem 18)			
20c. TIME OF INJURY Hour a.m.	Manth, Day, Year	2Dd. INJ While at wark	URY OCCURRED Not While at work		E OF INJURY (Hame, fai ry, street, affice bldg., et		of. (City or town	i) (I	(aunty	((State)
	that (I) (this hasp			fram (11-11-	19 6	to //-	14- 10	2 Cath	at (I) (venerit la
saw the dece	ased alive_on	1-140	19 (5)	and that	death accurred a		5W, Yram caus	es and an	the date	1 / 1	C.
22g SIGNATURE	asou dilve shi		1						DATE SIGNE		
300	11/	- 1/	COLO	M.D	ATTENDING PHYS.	MED. DIRECTO	R STAFF	-	- 15	1 1	3
22c. PHYSICIAN S	K. V		Se de la constantina della con	In.D	22d. ADDRESS	DIRECTO	к 🗀 Ритэ.	7	-	-	
NAME (Type)	. Albant	Datil	M D		1/6	= 6	200 !	Live	0		
	r. Albert		M.D.		1 1 1	- C					
230. BJR AL, CREMATION, PEMOVAL (Specify)	23b DATE THER		23c NAME OF CEME				LOCATION (City of		(Caunty)	_'	tate)
Burial	11/17/	66		coln	Cemeter		rince C				ld.
24 PUNERAL DIRECTOR	1. 0	70-	ADDRESS	, ,		D BY REG		REGISTRAR		À.	
The 1H. 14	un Ch	040	1 14457	1/11/	DATE N	DV 1	7 1996	Luca	rees	Judy	Lan.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. These decay carban papers Pages 2 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician



<u>-</u> 1	(dir.			16023		(ERTIFICATE	OF DEA	ATH		160	25
death.	uneral and a			PLACE OF DEATH 1. COUNTY Prince (George's		MARYLAND	2 USUAL RES O. STATE M	DENCE (Where deceases aryland	l lived of institut of b. COUN	n Residence befor	re admissian) George 's
affe	he for ges afte			CITY OR TOWN (If autside a	arparate I mits,	c LENGTH	OF STAY IN 16		WN (If autside corparate			
E S	by t Pai			write RURAL and give near	y lawn)	2	10 days	G	reenbelt		15.1	
유	in ers. 72 h(1		NAME OF HOSPITAL OR INST				d. STREET ADD				e IS RESIDENCE ON A FARM?
in 2	pap pap hin /	H		Prince Geor	rge's Gene			2	2 B Hillsi			AEZ NO X
d with	arban nt, wit			NAME OF DECEASED Type or print)	Jane	В.		Burke		Month Novem	ber 11,	1966
xecute	and campletely filled in by the fur fremave carban papers. Pages I fn any event, within 72 hours after		5 : E	emale 6 COLOR	OR RACE 7. MAR	C.A.	MARRIED B.	DATE OF BIRT 6/22/9		AGE (n years lost b'rthday) yrs.	Months Days	Hours Min.
e pe e	on and			USUAL OCCUPATION (Give kind ng most of warking life, even if		Ob. KIND OF BUSIN			E (County & State, or fare sachussett		12 CITIZEN O	
ertificat	ding physician t. Then please remaval, and r		13.	FATHER'S NAME John Don	novan			14. MOTHER'S	Maiden Name Mary Mac	Issac		
death o	signed by the atten burial-transit permi burial, cremation, ar		1S (Ye	WAS DECEASED EVER IN U.S. AR s, no or unknown) (If yes give	RMED FORCES? I wor or dotes of service)	16. SOCIAL SECUR		FORMANT Lice B.	Brooks -		_	ornden ville,Mo
quires that the death certificate be executed within 24 haurs after physician.		,,		4,01	USED BY REDIATE CAUSE (a) DUE TO	1	coronary	Meu	parency			TERVAL BETWEEN ISET AND DEATH
The law require attending phys		ì		Conditions if any, which gar rise to immediate cause (a stating the underlying cou- last.	n), se } DHE 10	revero relmona	ri embol	1 60	the lower	lobes		
t: The ar atte	icate has been far use as the Health priar ta	2	ATION	PART IF OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL DIS	SEASE CONDITION GIVEN	IN PART 1(a)	19	WAS AUTOPSY PERFORMED? 'ES NO
PHYSICIAN ne haspital	-		MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	Ob. DESCRIBE HOW	INJURY OCCURRED (I	inter nature of	injury in Part I or Port I	l af item 1B.)		
± €	r this certification detached the Dept. of		MEDICA	20c. TIME OF INJURY Month Hour o m.		While Nat W	hile facta	OF INJURY (He ry, street, affice l		(City or town)	(County)	(Stote)
ATTENDING stained by	R: Afte old be the Sta			21. I certify that ((I) (this haspital) o	ittended the de	ceased fram/	V'∉ √. 1 death accu	, 19 <u>44</u> , to	Nov. 11	, 19 ₆₆ , t	hat (I) (we) la te stated abav
OR ATI	RECTO 3 sha d with			22a. SIGNATURE	H. Cle	meni	M.D	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	22b. DATESIG	NED 2,1966
PITAL (r, page	7		22c. PHYSICIAN'S	liam H. Cl			22d. ADDI	35th Ave.	Hyattsy		
TO HOSPITAL OR ATTENDI	O FUNER director, shauld b		230	BURIAL CREMATION, BREMOVAL (Specify)	23b. DATE THEREOF 11/15/66		e of cemetery or c arklawn		23d. LOC	ITION (City or Tow		(State)
	VR A15 (4) 20 M 1/66	8		funfrat director yson Wheeler	1331 Ro Rockvil	ckville le, Mar	Pike yland		SO, REC'D BY REGISTRA		gcharl	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where desensed lived, if institution. Residence before odmission PLACE OF DEATH o. COUNTY ь, социту Prince George Maryland Prince George MARYLAND b CITY OR TOWN (If outside corporate amits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Suitland d STREET ADDRESS e IS RES DENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 5713 Offut Drive 5624 Shadyside Avenue YES NO X 3 NAME OF Middle OATE Month Year First LOST DECEASED P. ELLEN BURNS 27 1966 November (Type or print) DEATH F UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF LINDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthdoy) Hours 9-17-1902 Female White X DIVORCEO WIDOWEO 12 CITIZEN OF WHAT 10o USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Retired U.S. Gov t COUNTRY? North Carolina 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Stephen Estep Laura 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) lift was give wor or dates of service Pauline Perry 1741 28th St S E Wash IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND OEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **OUE TO** Conditions, if any, which gove (6) rise to immediate couse (a) OUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20d INJURY OCCURRED 20f. (City or town). (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc) While work Not While Hour o.m. at work 19 C that (I) (we) last | certify that (I) (this haspital) attended the deceased from ta that sow the deceased glive on death accurred at M. from couses and on the date stated above 220 LSIGNATURE 22b. DATE SIGNED MEO STAFF DIRECTOR 22c-PHYSICIAN'S NAME (Type) 23o BURIAL, CREMATION 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)

Cedar Hill Cemetery

ADDRESS

4308 Suitland Rd

Suitland

1966

2So. REC'O BY REGISTRAR

Maryland

2Sb. REGISTRAR'S SIGNATURE

executed within 24 hours after death. campletely filled in remaye Non gard requires that the death certificate-be = pup phys? 0 attending phys ar remaya crematian. signed by the burial-transit p burial, cremator attending as the has been Health TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us by the haspital ar 70 State | the be retained director, page should be filed filed VR A15 (4) 20 M 1/66

CH death.

by the funeral Pages 1 and 2

E

\$

papers Pag hin 72 haurs c

carban

within 72

BLITTA TECHTY)

FUNERAL DIRECTOR

Wilhelm Funeral Home

11-30-1966



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

The state of the s		$\langle 1 \rangle$		16025	CERTIFICATE	OF DEATH		16027									
TO STATE AND ITS AMMEDIATE CALLS BY THE REPORT OF THE REPO				o COUNTY	MAPYLAND	a STATE	p connta	sidence before admission)									
A NAME OF STATE OF ST	E 1. 2. E		t	b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	e corporate limits, write RURAL and	give neorest fown)									
TOO US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 100 US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 112 (ITIZEN OF WHAT COUNTRY? 113 FATHER'S NAME PAT RUE L'TH RUE L	4 hau d m by pers. 72 hau	00	0	d. NAME OF HOSPITAL OR INSTITUTION (IF not i	n haspitol, give street address)	d STREET ADDRESS	100502	e IS RESIDENCE ON A FARM?									
TOO US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 100 US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 112 (ITIZEN OF WHAT COUNTRY? 113 FATHER'S NAME PAT RUE L'TH RUE L	hin fille	1/				Last 4	DATE Manth										
TOO US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 100 US.AL OCCUPATION (G we kind of work done during most of working) (B kind of business or industry) 112 (ITIZEN OF WHAT COUNTRY? 113 FATHER'S NAME PAT RUE L'TH RUE L	d with]	(Type or print) Armi, A	T.		DEATH NONCHOLER										
So at 150 and	xecute camp nave c						last birthday) Mont										
So at 150 and	e be e on and dse rer fid in a		10o duri	USUAL OCCUPATION (G ve kind at work daneing mast af working life, even if retired)	INDUSTRY		7	COUNTRY?									
So at 150 and	To Co		13	FATHER S NAME	<i>(28)</i>												
So at 150 and	rent The The		10		14 COCIAL CECURITY NO. 17												
So at 150 and	leath endir mit		(Ye	s, na, ar unknown) (If yes give war or dates of s	ervice)			1 LASA12 51									
So at 150 and	hat the c n. y the att ansit per ematian,			PART 1 DEATH WAS CAUSED BY	per line for (a), (b), and (c)) ARTERIOS CERO	TIC HEAD	RT DISEASE	INTERVAL BETWEEN									
So at 150 and	ires † ysicía ysicía ned to raf-tr ial, cr			Conditions if any which days		E FAILU	RE										
OR CONTRIBJTING CAUSE OF DEATH (IF EITHER, NOTIFY Menth, Day, Yeor Hour a.m. 19 of work of at work 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 19 of work of at work 21. 1 certify that (I) (this haseital) attended the deceased from 7 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ding physen signature of the pur												rise to immediate couse (a), DUE TO		ARTERI	SCLEROSIS.	- 5 fern
OR CONTRIBJTING CAUSE OF DEATH (IF EITHER, NOTIFY Menth, Day, Yeor Hour a.m. 19 of work of at work 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 19 of work of at work 21. 1 certify that (I) (this haseital) attended the deceased from 7 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The for attention at the state of the state of a state	1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(0)	PERFORMED?									
	日本生です		CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	t For Part II of item 18)										
	IG PHY the ho ir this c detact the Deprine		MEDICAL	Haur a.m. p.m.	While at wark foctor	ory, street, office bldg., etc.)	11.1.	11									
saw the deceased dive on 327 7 17622 and find death accorded different classes and on the addressioned a				21. 1 certify that (I) (this haspi	tal) attended the deceased from 7	double accurred at	to VOV	19 EE that (I) (we) last									
ATTENDING TO MED STAFF 226 DATE SIGNED	R ATTEN retained retained ECTOR: / 3 shauld with the			22a SIGNATURE	D AA A		22	b DATE SIGNED									
o a se o o o o o o o o o o o o o o o o o o	e e ≅ e e			Thomas f). PHYS 💆 DII		1.1-66									
VALUE OF THOMAS F. COLLINS 22d. ADDRESS NAME (Type) THOMAS F. COLLINS 22d. ADDRESS SALE F. COLLINS SALE F. COL	may may RAI r, po	1		NAME (Type) HOM	AS F, COLLINS	324 -	H ST NE	,									
230 BURIAL (REMATION, REMOVAL (Specify): Nov. 4, 1966 St Mary's Cornating Rockorlle Maryla	Page 4 O FUNE directa		230		1011 110 11	c /_	23d LOCATION (City or Town) Rockvelle	- 1 / /									
VR A15 (4) 24. FUNERAL DIRECTOR VR A15 (4) 256 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PLANE SUMMER	VR A15 (4)	1	24	FUNERAL DIRECTOR	1/ C	ZITING TING	201										

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16026	CERTIFICATE	OF DEATH	1	6028
Place of Death County nee Georges		2 USUAL RESIDENCE (Where de	ceased lived, if institution Resident	ce before odmission) ace Georges
b CITY OR TOWN (If autside carparate limits,	MARYLAND C LENGTH OF STAY IN 16		parate limits, write RURAL and give	
write RURAL and give nearest tawn)	C LENGIR OF SIAI IN 10	CITY OR FOWN (IT dutside tor	parate armits, write KOKAL and give	e Heurest Towns
d. NAME OF HOSPITAL OR INSTITUTION (If not in	harmed also street address?	d. STREET ADDRESS	/	I e IS RESIDENCE
G. MAINE OF HOSPITAL OK INSTITUTION (IT HOT IN	nospilal, give siteel oddress)			ON A FARM?
Laurel General NAME OF First	Middle	1 609 4th St	TE Manth	Day Year
DECEASED (Type or print)		plan OF	Nov. 12,	1966
	MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF BIRTH 1889	9 AGE (In years IF UNDER) ast birthday) Manths 7 6 yrs	Doys Hours Min
On USUAL OCCUPATION (Give kind of work dane luring mast of working life, even if retired)	10b KIND OF BUSINESS OR MOUSTRY	11 BIRTHPLACE (County & State, o	or foreign (guntry) 12. CIT	IZEN OF WHAT UNTRY?
13 FATHER S NAME	asenberg.	14. MOTHER'S MAIDEN NAME	1. Rusenth	.0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af se	16. SOCIAL SECURITY NO 17	NFORMANT Are Resente	Address F. T.	
18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave nse to immediate cause (a). Stoting the underlying cause (c).	Hereditary Tela		<i>j'</i>	MIERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year Hour a m.	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar	Part II of item 18.)	
20c TIME OF INJURY Manth, Day, Yeor Hour a.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	of, (City or town) (Cou	unty) (State)
21. I certify that (I) (this hospit saw the defeased alive on NO	al) ottended the deceased fram_ U • 11 56_, and tha	, 19 t deoth occurred at	, to, 19_ _M, from causes ond on t	, that (I) (we) las he date stoted above
220 SIGNATURE	d Compton, M.D.	ATTENDING # MED. DIRECTO 22d. ADDRESS 612 Main St.	R PHYS N	ate signed ov. 12, 1966
230 BURIAL REMATION 23b DATE THEREO	-66 King Wan	if Them Park	Fall Che	(County) (Store)
Le Witt Sanald	han faired the	DATE NOV	1 5 1966 REGISTRAN'S S	rles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be defached far use as the bur.al-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death

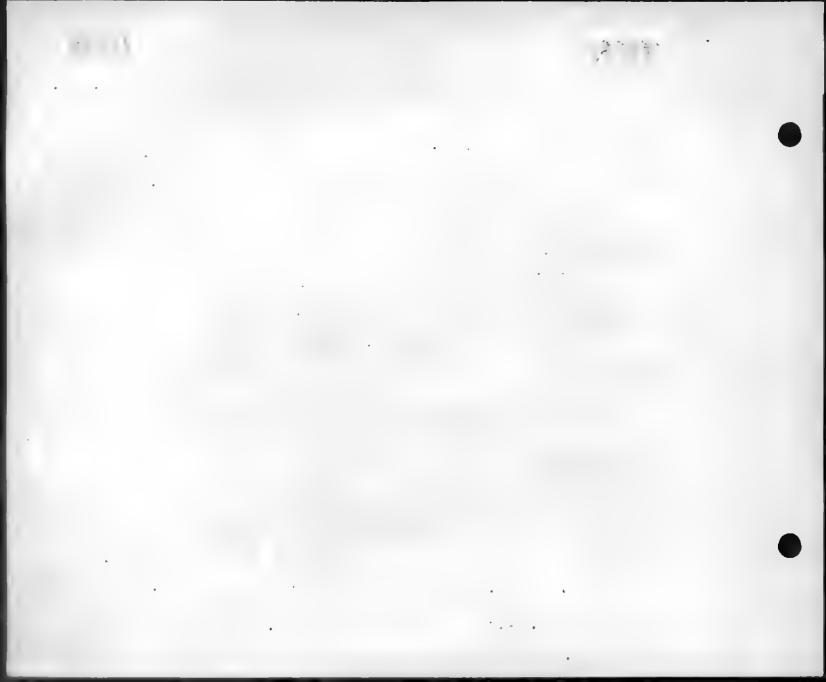
d

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16027	CERTIFICATE	OF DEATH		16029
1. PLACE OF DEATH a COUNTY Prince George	MARYLAND	47.75	Where deceased lived, if institution because the country land	
write RURAL and give nearest town) Cheverly	GTH OF STAY IN 16	,	otside corporate limits, write RUR Springs	,
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre		d STREET ADDRESS		e is residence on a farm?
Prince Georges General Hospi	Middle Middle	Last	-Nottingham Dr	
DECEASED (Type or print) KATHERINE		CARROLL	OF NOV.	25th 1966
S SEX 6 COLOR OR RACE 7 MARRIED TO THE SERVICE TO T	NEVER MARRIED	5/25/84	9 AGE (n years 82 ast b rihdoy) yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min
10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11 BIRTHPLACE (County Maryland	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAJOEN		
William Naylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. I	NFORMANT	Julia Dent	te.
(Yes, no, ar unknawn) (If yes give war ar dates of service)	Ha		lor (Nephew) S	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse US1 CAUSE OF DEATH (Enter only one cause per line for (a), (b) DUE TO (c) DUE TO (c)	upo (St	roke)		19 WAS ALTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING 205. DESCRIBE OR CONTRIBUTING				PERFORMED?
			Part E ar Part II of Item 18.)	
≥ p.m. 19 at wark 🖵	tot White G	CE OF INJURY (Hame, farn ary, street, affice bldg., etc		(County) (State)
21. I certify that (I) (this haspital) attended the saw the deceased alive an area are	e deceased fram		19CC, ta 12cres 333 M, fram causes	and an the date stated above
220. SIGNATURE	M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED Nov. 25-1966
22c PHYSICIANS NAME (Type) Dr. Leon R. Levits	sky	3408-Rhod	de Island Ave.	Maryland NE Mt. Rainier
REMOVAL (Specify) Nov. 28- 966 Em	manuel Meth		23d. LOCATION (City or Tow Horsehead	wn) (County) (Stote) Maryland
Sim bns Bros1661-Good Hope	ADDRESS	2So REC'I	D BY REGISTRAR 25b. R	GISTRARS SIGNATURE Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plages remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, a∎d in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the haspital or ottending physician.

and completely filled in by the funeral remove corbon papers. Pages 1 and 2



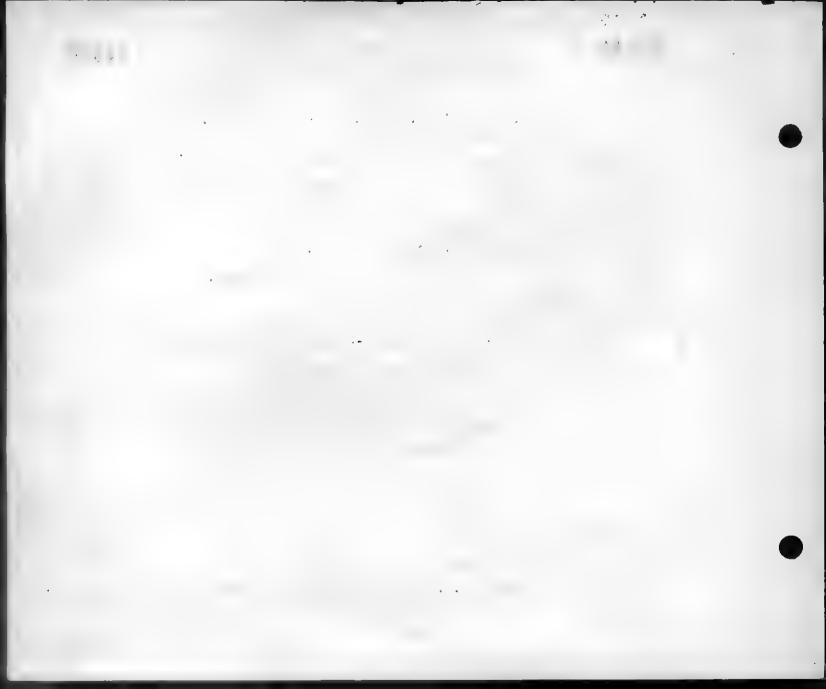
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	G	2	8	
-				-	

CENTIFICATE OF DEATH

1		10050			CERTIFI	CAIL	OF DEATH				100	ħ_	
		PLACE OF DEATH					2 USUAL RESIDENCE (V	Vhere decer	osed lived, if institu		rce before	odmiss+o	on) _/
- "	,	P1	rince Georg	es	MARYLA	AND	O. SIMIE		u. coo	NI C			
			If outside corporate mi		E LENGTH OF STAY IN	1b	c CITY OR TOWN (If ou	tside corpoi	rote limits, write RU	RAL ond giv	e neorest	tewn)	
		Glenn I	pale (rural	.)	2 yr. 10	mo.	Washing	ton,	D. C.		4	, a .	
	- (. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d. STREET ADDRESS					ON A FA	ENCE
21		Glenn 1	Dale Hospit	al			814 Otis	Pla.	, N.W.		,	YES	-
		NAME OF	F	ırst	Middle		Łost	4. DATE	Mon	†h	Doy	Yeo	31
		Type or print)	1	Tiola -		Ca	erter	OF DEATI	н 11	-	29	- 19	66
	5. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (n years	IF UNDER		IF UNDER	
		F	N	WIDOWED	DIVORCED		6/18/04		last birthdoy) 62 yrs	Months	Doys	Hours	Min
	100.	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or	foreign country)		ITIZEN OF		
	durii	ng most of working U NKNOWN	life, even if retired)	u u	NDUSTRY nknown		Va.			USA	OUNTRY?		
	13.	FATHER S NAME					14. MOTHER'S MAIDEN I	MAME					
		John Smi	Lth				Cora	Harri	(S)				
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17, 1	NFORMANT		Addr	622			
	{1 e	no, or unknown)	(If yes give wor or dates	of Service)	-		dec	edeni	t				
		18. CAUSE OF D	EATH (Enter only one co	use per line fo	r (o), (b), and (c).)							ERVAL BET	
		PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cerel	brovascular	acc	ident, recu	rrent	t, probab	1y		SET AND D	
		332		TO CITE O	mbosis		-				T	O min	G.
		Conditions, if only		(b) cere	bral arteri	osc1	erosis				u	nknov	WIL
		rise to immedial		TO									
		lost	inying couse	(c) gene:	ralized art	erio	sclerosis				u	nknov	wn
		PART II OTHER SE	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO	THE TERMINAL DISEASE CO.	NDITION GI	VEN IN PART 1(o)		19	WAS AUTO PERFORM	OPSY ED2
0	CATION	Hyperte	ensive card	lovasc	ular diseas	e; d	liabetes mel	litus	3.		Y		NO X
	DI3I	20o. ACCIDENT WA	S UNDERLYING	205. D	ESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Pa	ort II of item 18.)				
	CERTIFIC		MEDICAL EXAMINER)										
	MEDICAL	1	URY Month, Doy, Yeor	20d.	INJURY OCCURRED 2		CE OF INJURY (Home, form		(City or town)	(Co	ounty)	(Stote)
	ME WE	Hour o.	m. 19	While	e Not While ot work	foct	ory, street, office bldg., etc.)						
		2) I certi	16.		nded the deceased f	ram	1/1/1	9 64.	to 11	/29./19	66th	at 6th f	we) last
			eceased alive an_				t death accurred at	6:50F	M, fram causes	and an	the dat	e stated	dabave
		220. SIGNATURE	11	11.0			ATTENDING	MED.	STAFF	_	DATE SIGN		
			UNIN	VVa	11	MJ	D. PHYS. L	DIRECTOR		<u> </u>	29/6	6	
1		22c PHYSICIAN'S NAME (Type		eiss, l	M.D.		Glenn Dal	e Hos	spital, G	lenn	Dale	, Md.	•
	230	BURIAL CREMATION REMOVAL (Specific Removal I	DN, 23b. DATE TH	11/	23c NAME OF CEME	ERY OR	AL BUARD		ocation crist or Joseph a shington		(Copyriv)		tote)
	24	-FUNERAL DIRECTO		100	ADDRESS		250 REC'I	BY REGIS	YDAD OCL - D	COSTRAR'S		100	
	- *	00	117.1	Ruk	x . [7]		DATEC	12	1966	waye	A Car	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendent objection and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit then please remaye carban papers. Rages I and should be filed with the State Dept. of Health priar to burial, cremation, or empty, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16020

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit F.le pages I and 2/with the State Department of F.le pages land 2 with the State Department of ond n ony event within 72 hours ofter death Health or its designated agent, prior to buriol, cremation, or remaval, and

VR ATSME 151

This certificate should be executed within 24 hours ofter death If

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16030

10000				
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased)		ce before admission)
O COUNTY Prince George	MARYLAND	o. STATE	Frince Ge	Orge
b CITY OR TOWN (If autside corporate imits)	C LENGTH OF STAY N 16	c. CITY OR TOWN (If outside corporate)	m ts write RURAL and give	neorest town)
write RURAL ond give nearest town) Cheverly	2 daus	Brandywine		1. 1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	nive street oddress)	d STREET ADDRESS		e IS RESIDENCE
			4 50 4	YES NO
Prince George General Hos	Middle	Box 216 Floral P.	ark Fd.	
DECEASED		OF.	MODIN	Doy Year
(Type or pnnt) Walter 5 SEX 6 COLOR OR RACE 7 MARRIED	Guy	Catterton DEATH B DATE OF BIRTH 9 AC	GE (In years IF UNDER 1	5 19 66 LYEAR FUNDER 24 HRS
The state of the s		17 July 1932	ust pirthdoy) Months	Days Hours Min
M W.DOWED	DIVORCED		- 1	751 65 114117
during most of working life, even if retired) IN	ND OF BUS NESS OR DUSTRY	11 BIRTHPLACE (State or foreign countr	COL	ZEN OF WHAT UNTRY?
FARMER TO,	BACCO	MARYLAND	€	1.5.A.
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
GUY CATTERTO	N	RUTH ST NFORMANT #1 B: TH JENNINGS, MER	AMP	
15 WAS DECEASED EVER N.U.S. ARMED FORCES? 16. (Yes no ar unknown) (If yes give war ar dates of service)	SOC AL SECURITY NO 17 1	NFORMANT # 1 R	Address R.D.	54
NO 57	8-42-3516 RU	TH JENNINGS MER	NINGSIDE.	MD.
18 CAUSE OF DEATH (Enter only one couse per line for	(a) (b), and (c).)			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac arres	st		ONSET AND DEATH
9/2/ DUE TO				
Conditions, flony which gave) (b)	l day post or	erative surgery fo	r rupture	
rise to immediate couse (o), Stating the under ying couse DUE TO Of		teral pneumothorax		
last. (c)	Crushing inju			2 days
PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING T	47 49		PART I(o)	19 WAS AUTOPSY
1 TEO				PERFORMED?
200 EXTERNAL CAUSE WAS 20b DE PRIMARYIX OF CONTRIBUTING ☐ Fe]	SCRIBE HOW INJURY OCCURRED	Enter noture of injury in Port I or Part II o	of Item 18)	13 24 110
PRIMARYIX or CONTRIBUTING CAUSE OF DEATH Fe		and was run over.	,	
20c T ME OF INJURY Month, Day, Year 20d IN			ity or fown) (Cau	inty) (Stote)
		and attend office blds and t	dywine, P.G	. , ,
21. I certify that I took charge of the ren				and in my opinion
death resulted fram: Natural/causes	, Accident 🖾, Suic		termined monner	
ACTUAL /9	01/-1	CHIEF MEDICAL EXAMINER		22. DATE SIGNED
SIGNATURE		M_D ASSISTANT MEDICAL EXAMINER [
EXAMINER'S John Kehoe, M.D.	., Riverdale,	Md DEPUTY MEDICAL EXAMINER Address (Street, city, town, or co	北 ounty)	.1–6–66
230. BURIAL, CREMATION, / 23b. DATE THEREOF	23c NAME OF CEMETERY OR			(County) (State)
REMOVAL (Specify) / 11-9-66	TRINITY MEN	MORIAL WALZ		
24 FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REG STRAR	25b. REGISTRAR'S SI	GNATURE
THE HUNTT FUNERAL HOM	E, WALDORF,	MD. DATE NOV 10	1966 Aclian	les judge
THE HUNTT FUNERAL HOM	E, WALDORF,	MD. DATE NUY LU	1300 Kmgs	Cas Lucke



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201 16030CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Prince George's Maryland MARYLAND Prince George's c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, E CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Fairmont Heights Cheverly 1 day d NAME OF MOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRES e IS RESIDENCE ON A FARM? Prince George's General Hospital L Street 5901 YES NO November 22 3 NAME OF Middle First DATE Clark DECEASED John E. (Type or print) DEATH SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 1ast birthday) Male Colored 2/17/15 Doys Hours WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote; or foreign country) 12. CITIZEN OF WHAT 1Db during most of working life, even if retired) COUNTRY? NDUSTRY onsteuction LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 15' WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) If yes give wor or dates of service S CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c))
PART I DEATH WAS CAUSED BY. ONSET AND DEATH Marin IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove meumine nse to immediate couse (a), DUE TO stating the underlying couse lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased fram Nov. 21 19 66, to Nov. 22 1966, that (I) (we) last saw the deceased alive an Nov. 22, 19 66, and that death accurred at 1:20 M fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS.

M.D

23C NAME OF CEMETERY OR CREMATORY

PHYS 22d. ADDRESS DIRECTOR TX

25o. REC'D BY REGISTRAR

Prince George's General Hosp., Cheverly, Md

25b

LOCATION (City of Town)

11/25/66

REGISTRAR'S SIGNATURE

(Stote)

that the death certificate be executed within 24 hours after death physician a nen please DAG hen permit Ih cremation signed by the burial-transit s the by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priarta be retained Page 4 may

de de

I campletely filled in by the move carban papers. Page ny event, within 72 haurs a

remove

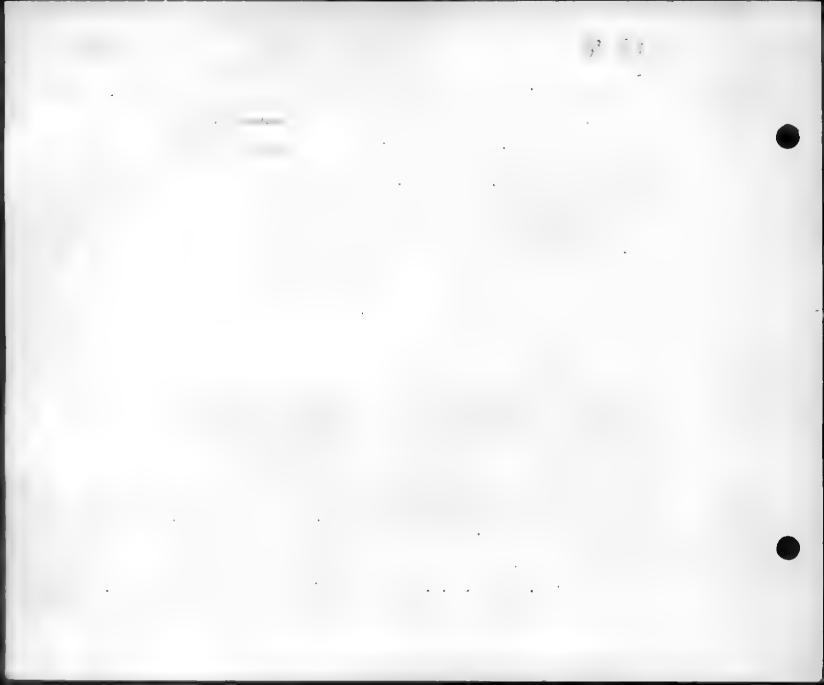
and in any

VR A15 (4) 20 M 1/66 22c. PHYSICIAN'S

230 BURIAL, CREMATION,

REMOVAL (Specify)

NAME (Type) Edwin J. Jensen. M.D.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE delay is

18. Give Pages 1, 2, and 3 to along with form PM3. Page

Th's certificate should be executed within 24 hours ofter death

necessary, please execute the certificate, writing the ward "pending" in geard if the funeral director. Page 4 should be forwardad to the Chief Medicol Examine

TO DEPUTY MEDICAL EXAMINER:

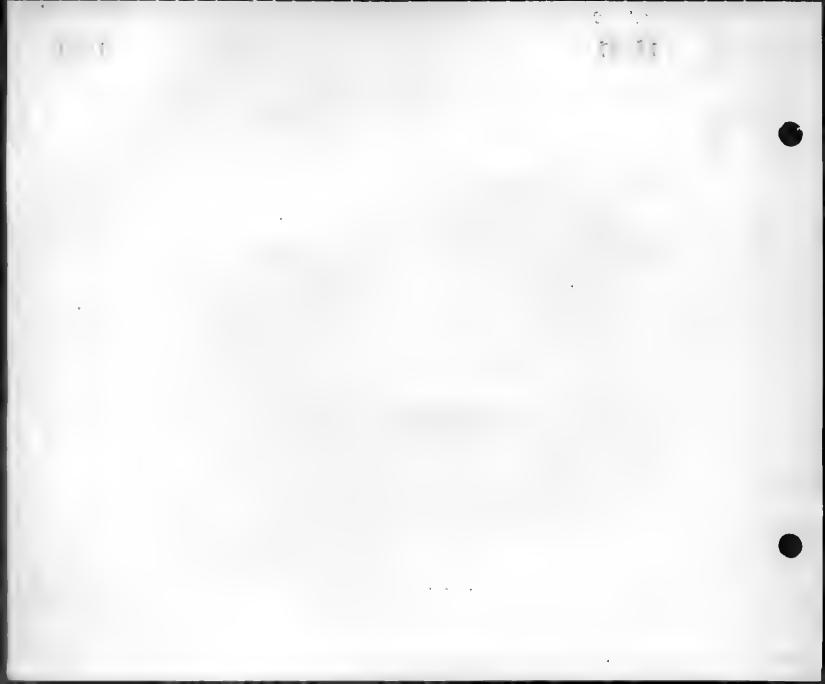
with the State Department of

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Department of Health or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours ofter death

	10031		WEDI	CAL EXAMIN	FK.2	CERTIFICATE	OF DEA	IH		10119	2
Í.	PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceo				ission) .
	D. COUNTY	Prince Ge	eorge	MARYL	LAND	o STATE Md		Prince	George	е	
		f. outside corporate lim t	5,	c LENGTH OF STAY IN	176	c CITY OR TOWN-(f	outside corpore	ote limits, write RU	IRAL ond give	neorest town)
		l give nearest town) everly		DOA		Hyatt	sville	4		16	- 1
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospito, g	ve street oddress)		d STREET ADDRESS					ESIDENCE A FARM?
	Princ	e George G	eneral	Hosrital		3336	Lancer	r Drive.	, Apt.	5 YES	NO
3	NAME OF DECEASED	F	rst	Middle		Lost	4 DATE OF	Mon		Doy	Yeor
	(Type or print)		obert	Wilt		Clever	DEATH	1.			19 66
S.	SEX	6 COLOR OR RACE	7 MARRIED	_	8	DATE OF BIRTH		AGE (in years Last birthdoy) 54 yrs.	IF JNDER 1 Months	Doys Hou	DER 24 HRS
	M	W	MIDOMED	D YORCED		22 Oct.					
10e	o USUAL OCCLPAT ON ring most of working	l (Give kind of work done life, even if refired)	END	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Sto	ote or foreign c	ohuțik)		IZEN OF WHAT NIRY?	
	ring most of working lumber lie	lper		onstructi	on	Pa 14 MOTHER S MAIDE	NA ALLEMAN		_ U	SA	
13	FATHER'S NAME						Mc Gre	2000			
10		oseph C Cle R IN U.S ARMED FORCES?		OCIAL SECURITY NO.	1 12 11	NFORMANT	MC dit	Addı	race		
(7	es, no, or unknown)	(If yes give war or dates	of service) 19	3 01 0597	E1	izabeth M.	Clever			Md.	
		ATH (Enter only one co	use per line for							INTERVAL	
	PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Heart	fai	Lure				MINITA	es
	1 1	DUE	TO							** 1	
	Conditions, if ony,	a cousa (o)	(b)	Arter	iosc	<u>lerotic</u> he	art di	sease		Unkn	own
	stoting the under										
	hast.	SNIFICANT CONDITIONS ((a)	O DEATH DUT NOT DELA	TED TO T	OF TEDMINAL DISEASE	COND TON CIV	EN IN DADT 1/a/		10 WAS 1	TOPSY
FON.	PAKI I UINEK SI	SNIFICANT COMUTIONS	ONIKBUIING	O DEATH BUT HOT KELP	RIED IO I	OF TERMINAL DISEASE	COND + ON GIV	in mraki i(u)		19. WAS A PERFO YES	
FICAT	20o. EXTERNAL CA	IISE WAS	205 DES	CRIBE HOW INJURY OC	CHERRIN (Enter noture of injury	in Port Lor Po	rt II of stem 181		163	NO [X
MED.CAL CERTIFICATION	PRIMARY I or COI		200 00.	SCRIBE FIOR HAJOR OC	CORRED (cite notate of injury	11 1011 101 10	ii ii oi nei io j			
S		JRY Month, Doy, Year	20d 1N	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	orm, 20f	(City or town)	(Co.	inty)	(Stote)
MED	Hour o.r	n. n. 19	While of work	Not While at work	facto	ory, street, office bldg., c	rtc)				
	21. I certif	y that I took charg	e of the rem	noins described ob	ove, hel	d on Autopsy	, Inspect	ion 🔀 Inq	uiry 🚉	ond in n	ny opinioi
	death result			Acident		de 🔲, Homici		Indetermined n	nonner _	}	
			// 5	V 1/2		CHIEF MEDIC	AL EXAMINER			99 P.	. TO SIGNED
	ACTUAL SIGNATURE	110	mI	01		_111.0	IED CAL EXAMIN				ATE SIGNED
	EXAMINER'S NAME (Type)	John	Kehoe,		erdal	Address (St	OCAL EXAMINER eet, city, town,	7		11-2	27–66
23	o BURIAL CREMATIC REMOVAL (Specify			23c. NAME OF CEME	TERY OR (REMATORY		OCATION (City or To		(County)	(Stote)
	Burial	/1101 00	, 1900	Mt Airy	ceme	-		rison To	wnship	- Countries	Pa.
2	4. FUNERAL DIRECTO		. 1	ADDRESS			C'D BY REGIST	250 R 2 9 1966	WNS N1 P	GNATURE (udge
	F.	"asch's So	ns liy	attsville,	Md.	DATE	1401	7 000	1	10	0

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16032 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed leved, if institution: Residence before admission) o. COUNTY Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate muits, write RURAL and give nearest town) write RLRAL and give nearest town) Cheverly 1 day Riverdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS NO PS Prince George's General Hospital 5716 64th Avenue 3 NAME OF 4 DATE Month Doy DECEASED OF Clodfelter Norma November 19 19 66 (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours White Female 12/2/27 WIDOWED DIVORCED 10o. USEAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) duping most of working life, even if refired) PACKER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o). PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) **DUE TO** 2 MOS Conditions, if any, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse

20o. ACCIDENT WAS UNDERLYING

230 BURIAL CREMATION

OR CONTRIBUTING CAUSE OF DEATH

CERT FICATION

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port (or Port II of item 18.) 19. WAS AUTOPSY PERFORMED? NO XX

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour om.

20d INJURY OCCURRED Not While of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

STAFF

23d LOCATION (City or Town)

(County) (Stote)

1966, that (I) (we) last

(Stote)

21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 220 SIGNATURE

J \$ 2/0 7 -

DIRECTOR

1906, and that death accurred at 1:40M, from causes and an the date stated above

19 0 to Nov.

22b. DATE SIGNED 11/19/66

(County)

22c PHYSICIAN'S Mag M. Herzberg, M.D.

23b DATE THEREOF

22d. ADDRESS

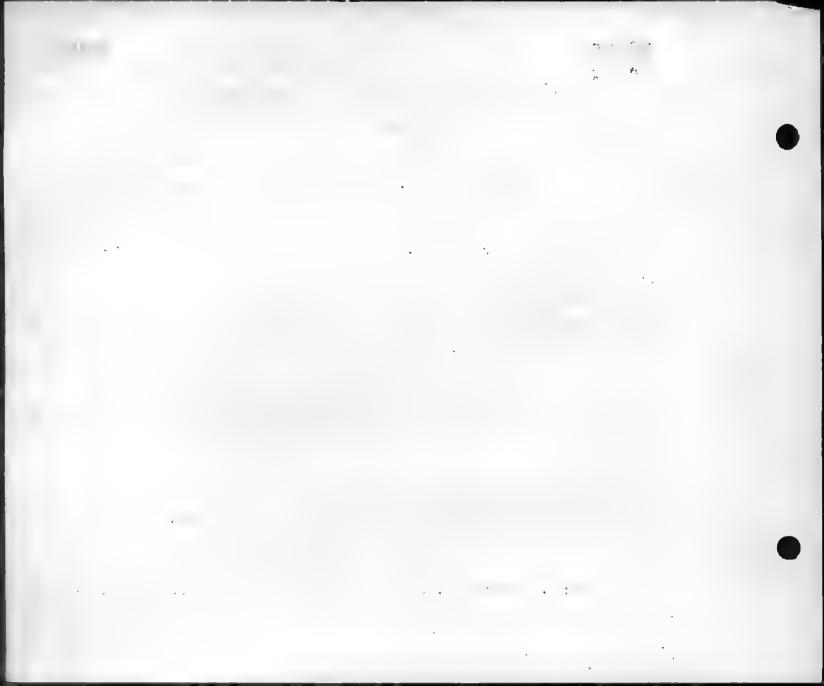
3308 Dodge Park Rd. Landover, Maryland

REMOVAL (Specify)	11/22	144	6
FUNERAL DIRECTOR	nhees	Carta	~ .

23c NAME OF CEMETERY OR CRIMATORY

REC'D BY REGISTRAR 1966 REGISTRAR'S SIGNATURE

and 2 death. requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and ours after rampletely filled in by mave carban papers. any remi pup \subseteq 500 signed by the attending p burral-transit permit. The burral, crematian, ar reman physician. far use as the t f Health prior tab attending has been this certificate by the haspital ar detached f te Dept. af } TO FUNERAL DIRECTOR: After be retained shauld poge 3 Page 4 may directar, should



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16033 FOR STATE HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16034

1—									VIII
ì	PLACE OF DEATH						Vhere deceased lived, if inst		e befare admission)
	a COUNTY	nce George	a Lo	MARYLA	IND	a STATE	Of Columbia	OUNTY	V
\vdash		autside carporote limit		c. LENGTH OF STAY IN			tside corparate limits, write	RURAL and give	negrest town1
_	write RURAL and p	give nearest tawn)	-1					ttottre una giro	11001001 101111
1		andover				Washington	1		1 10 000000
	d NAME OF HOSPITAL	OR INSTITUTION (If n	at in haspital, ç	give street address)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
	Vooded area					3312 13th.			YES NO 5
3.	NAME OF DECEASED	F	ırst	Middle		Lost	4. DATE N	lanth	Day Year
	(Type or print)	Mary	•		Çc	leman	DEATH		20 19 66
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9 AGE (In years		
1	Female	Negro	WIDOWED	DIVORCED		9-19-1940	last birthday 26 yrs		Days Hours Min
10	a USUAL OCCUPATION (Give kind af wark dane	1 10b. KI	NO OF BUS-NESS OR	A	11 BIRTHPLACE (State			IZEN OF WHAT
dı	uring most of working life	e, even if retired)	IN	DUSTRY		Not st			USA USA
	Not state	ea	1						USA
						14. MOTHER'S MAIDEN N			
L.	Not state	ed				Not st	aved		
1	S WAS DECEASED EVER	NUS ARMED FORCES?	16	SOCIAL SECURITY NO	17 1	NFORMANT	A	ddress	
1	Yes, no, or unknown) (I	r yes give war ar daies	at service)		Mo	ses Longi	no, Detroi	t, Mic	h.
F	18 CAUSE OF DEA	TH (Enter only one co	use per line for	(a), (b), and (c))	-				INTERVAL BETWEEN
		WAS CALISED BY							ONSET AND DEATH
Н	083X	- IMMEDIATE CAUSE							
			TO Stra	angulation					
	Conditions, if any, v		(b)						
	stating the underly		TO						
	last.)	(c)						
	PART II OTHER SIGN	NIFICANT CONDITIONS (ONTR BLTING T	O DEATH BUT NOT RELAT	ED TO 1	HE TERMINAL D SEASE CON	IDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY
NO.							(-,		PERFORMED?
2	20g EXTERNAL CAUS	T MARC	Long as	Acoustic tradition of the	02401	Tr			YES X NO
CERTIFICATION	PRIMARY 20 or CONT		20b DE	ZEKIRE HOM INJUKA OCCI	UKKED	Enter nature at injury in I	Part I ar Part II of Item 1B)		
			Beat	cen and stra	angl	ed by unkno	wm assailant		
MEDICAL	ABOUNE OF INJUR	Y Manth, Day, Year	20d I	JURY OCCURRED 2	Ce. PLAC	E OF INJURY (Home, farm	, 2Df (City or town) (Cou	nty) (State)
ME.	6.00am nm	77-20- 19	66 While	Nat While at wark		ary, street, office bldg., etc.)	Unknown		
				na ns described abo				nquiry 😿 ,	and in my animan
П									ond in my opinion
	deoth resulter	Troph Notur	al conses	Accident .	2nic	de [], Homicide		monner	
П	ACTUAL	11/	\ \\/	- 1h pr	0	CHIEF MEDICAL			22. DATE SIGNED
	SIGNATURE	Han	12/5	011-0	7		ICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S		1/1			DEPUTY MEDICA	L EXAMINER		
	NAME (Type) 30	hn/Kehoe,	M.D.	Riverdale,	Md	Address (Street	, city, town, or county)		11-22-66
23	Burial, CREMATION			23c. NAME OF CEMETE			23d LOCATION (City or	Town)	(County) (State)
	REMOVAL (Specify)	11-26	5-66	Harmo	nv		Landove	r. Md.	
-	24 FUNERAL DIRECTOR	1 11	/-00	ADDRESS .	24,7	2Sa. REC D		REGISTRAR'S SH	GNATURE
		's - Was	the net					4	
	1102101	. 5 - wa:	CITUE	on, D C		DATE	OV 29 1966	yway	les Judge

VR A15ME (5) 6M 1/66

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3 Page

TO DEPUTY MEDICAL EXAMINER: This certificate should lie executed within 24 hours after leath If

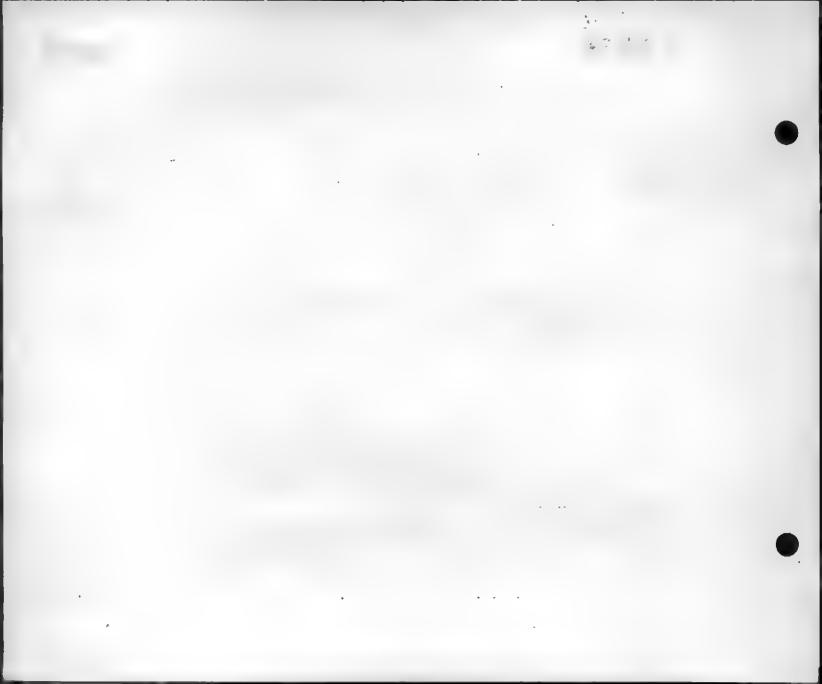
necessory, please execute the certificate, writing the ward "pending"

uny delay is

in penal in Item 18. Give Pages 1, 2, and 3 to

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Department of Tuneral Director.



FOR STANS

Iny delay is 2, ond 3 to PM3. Poge

Item 18. Give Poges 1, Office along with form

This certificate should be mixecuted within 24 hours ofter death. If

necessory, please execute the certificate, writing the word "pending" in perthe funeral director. Page 4 should be forwarded to the Chief Medical Exa

TO DEPUTY MEDICAL EXAMINER:

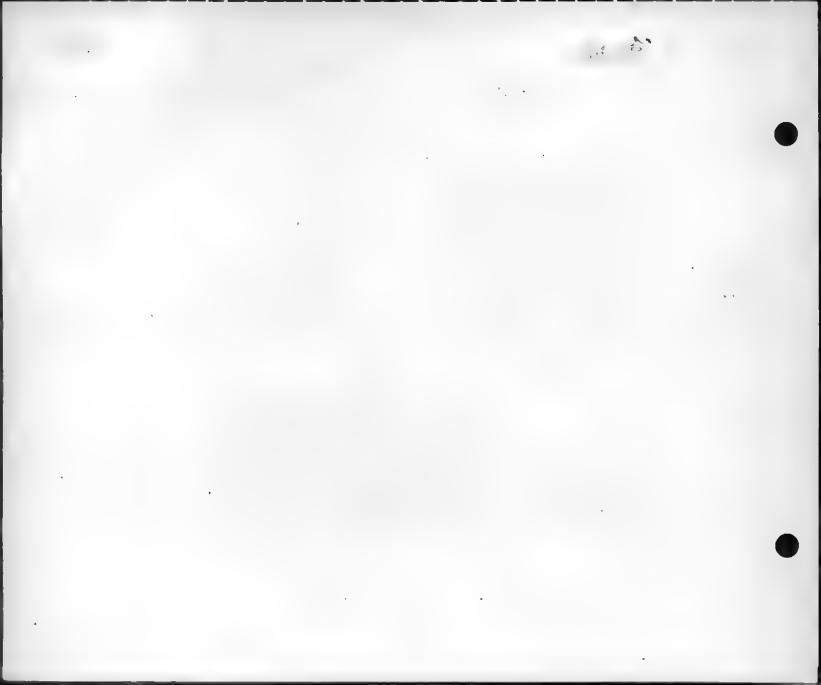
land 2 with the State Department of within 72 hours offer deoth. event In ony pages File Health or its designated agent, prior to burial, cremotion, or removar, and o burial-fronsit permit. used os 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be

VIII A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16034	MEDICAL	EXAMINE	R'S (CERTIFICATE O	F DEATH]	160	35	
	PLACE OF DEATH o. COUNTY Prince George!		MARYLAI	ND	2 USUAL RESIDENCE (V o. STATE		b. COUNTY	1			1)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LF	NGTH OF STAY IN 1	Maryland CHY OF TOWN (If our	Land Prince George's DWN (If outs de carparate limits, write RURAL ond give neorest town)						
r	Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not a	hospital give stri	,		Glendale d STREET ADDRESS					S RES DE ON A FAI	RM2
2	Prince George General NAME OF First	L Hospit	Alddle Middle	ļ.	Mariette A		44 - 41			S 1	835-2
	DECEASED (Type or pant) Arnold		widdle		Cook	4 DATE OF DEATH	Month		Dογ 23	Year 19	66
		MARRIED	NEVER MARRIED [D VORCED [X .	DATE OF BIRTH 8 Aug. 1951			Months	YEAR I	Hours	24 HRS Min
10c	. USUAL OCCUPATION (Give kind of work doneing most of working life, even if retired) Student	Public		- 1~	11 BirthPLACE (Stote Maryl	, ,			IZEN OF V	VHAT	
	FATHER'S NAME Donzie S Cook		14. MOTHER'S MAIDEN NAME Mary Rush								
IS [Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dates of ser no)	vice) 16 SOCIAL	SECUR TY NO		zie S Cook	Glen	Address			-	
,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause but to	Iacerat Trauma	ion of br - auto ac	ccid	ent	_			ONSET	VAL BETW	EATH
CATION	PART II OTHER SIGNIFICANT CONDIT ONS CONTR	IBUTING TO DEAT	H BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE CON	DITION G VEN IN P	ART 1(0)			AS AUTO! ERFORMEI	
MEDICAL CERTIFICATION	20c I ME OF INJURY Manth, Day Year Hour om Hour om Hour om Hour om Hour om Hour of Hou										
	21 t certify that 1 taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural Jouses , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER . ACTUAL SIGNATURE										
	EXAMINER'S NAME (Type) John Kehoe, M.		verdale,		Address (Street,	L EXAMINER City, town, or cou-			11-2	4-66)
230	BURIA, (REMATION 23b DATE THEREO BURIA)		NAME OF CEMETER			Colmar	(City or Town	Pro	(County) Geo	(Sto	,
24	F. Gasch's Sons H	ya ttsvi l	ADDRESS le. Md.			BY REG STRAR NOV 28	1956 REGI	Police	GNATURE	Jus	42



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

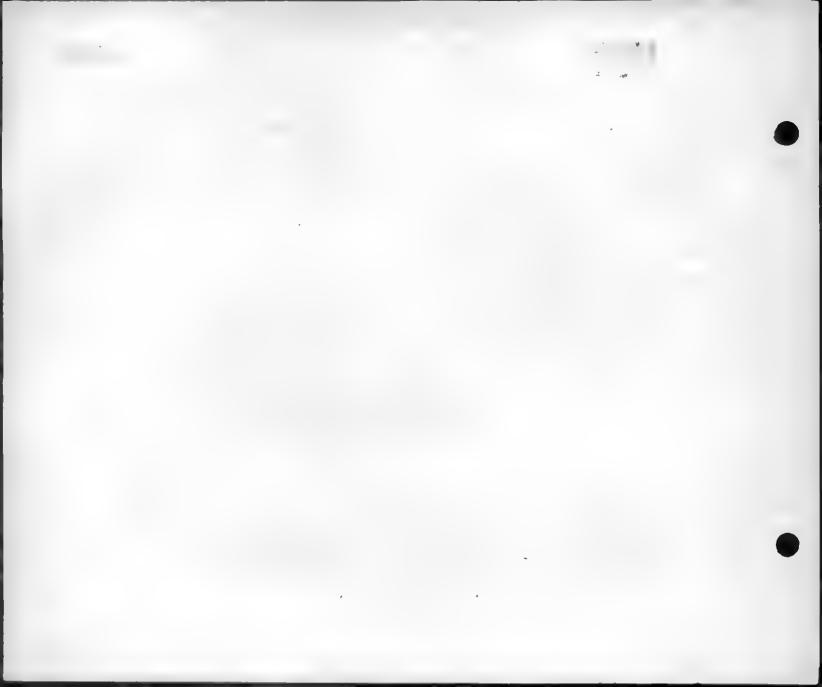
FOR STATE

16035

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO DEPUTY MEDICAL EXAMINER:

FATE			16035	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	16036
TH DE	PT.	1	PLACE OF DEATH D. COUNTY		2 USUAL RESIDENCE (Where deceosed lived, if	institution Residence before admission) b. COUNTY
Page ent of	at.		Prince George's		Maryland	Prince George's
€ E	de		 b CTY OR TOWN (If outside corporate mits, write RJRAL and give nearest town) 	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits w	rnte RURAL and give nearest fown)
PM3.	offe	-	Aquasco d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital awa street address)	Aqua.sco	e. IS RESIDENCE
E G	hours ofter death			nospiral, give silver vodiess)		ON A FARM? YES NO
with farm Ne State De	2 20	3.	Aquasco Raceway	Middle	Aquasco Raceway	Month Doy Year
M d	10 72		(Type or print) Merrial		Cook DEATH	11 6 19 66
j (4	within)	\$.	SEX 6 COLOR OR RACE 7 A	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In y	yeors IF UNDER I YEAR IF UNDER 24 HRS.
e 0	15		Male Negro	IDOWED DIVORCED	5 Feb. 1914 52	yrs.
Examiner's Office alang	in any event		TUSJAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	RACE TRACK	1) BIRTHPLACE (State or foreign country)	12 CIT ZEN OF WHAT COUNTRY 3. 19
miner	e e	13	FATHER NAME	b Sr	14. MOTHER'S MA, DEN NAME	1
	. E		WAS DECEASED EVER NUS ARMED FORCES?	16 SOC AL SECURITY NO 13	INFORMANT.	Address
Medical	remaval,	()	es, no or unknown) (If yes give war ar dates of serv		hard Cook- 413-	11th St. N.E.
The same of the sa			1B. CAUSE OF DEATH (Enter only one couse pe PART DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
o the Chief burial-transit	jo ,		IMMEDIATE CAUSE (o)	Inhalation of smol	Ke	
the right	mation,		Conditions, if ony, which gove) (b)			
ا ا		ı	rise to immediate couse (a), DUE TO			
rdec	, i		lost. (c) _			
shauld be tarwarded to the Chief files. 3 shauld be used as a burial-transit	ta burial, cre	MOITA	PART I OTHER SIGNIF CANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES 50 NO
be for	- 10	CERTIFICATION	2Do EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of Item	IB)
shauld b files. 3 shauld	, prior		CAUSE OF DEATH.		from unknown cause.	
4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 =	agent,	MEDICAL	20c TIME OF INJURY Month Day Year Hour a.m.	While - Not While - foc	ACE OF NJURY (Home, form 20f (City or to	own) (County) (Stote)
Page on your R: Page	0	2.		otwork La Mair	ntenance Bldg . Aquasc	o Raceway
10 ما 10 ما	designated		death resulted from: Notural co	41	eld an Autopsy 庆 , inspection 🔀 , cide 🗍 . Homicide 🗍 Undetermi	
d.rector. etained DIRECTO	esig		death leaning holls, Many Co.	ouses [2], Advident [X], Sui	CHIEF MEDICAL EXAMINER	ned monner
	its d		ACTUAL SIGNATURE	rent	ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
the tuneral 5 may be r 0 FUNERAL	0		EXAMINER'S Tohn Wohan M	D Dimmidal M	DEPUTY MEDICAL EXAMINER	75 - 11
the tun 5 may 70 FUNE	tle.	22	NAME (Type) John/Kehoe, M. BURIAR CREMATION. / 236 DATE THEREOF			11-7-66 (County) (State)
£ ∽ 6	H	13	REMOVAL (Specify)	1	11/1/1/19	nd Park HL
VR A15N 6M 1/		1/3	4. FUNERAL DIRECTOR 13. WAShington & Son	S 4925 Jenne,	Avena NOV 14 1951	S ACHARIS SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		10030	CERTIFICATE	OF DEATH		10037			
		PLACE OF DEATH			Where deceased lived, if institution				
		o. COUNTY	ALADY(AND	o. STATE	b. COUNT				
		Prince George! b CITY OR TOWN (if autside carporate limits,	S County MARYLAND	Marylan	otside corporate limits, write RURA	nce George's			
		write RURAL and give nearest town)	at one give necresi lowing						
		MATHONING RIVER!			rdale, Maryland	d /6:/			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?			
73	-	Eugene Leland Memorial	Hospits	6201 44	TH AVE	YES NO			
		NAME OF First	Middle	Lost	4. DATE Month	Dov Year			
		DECEASED			OF	,			
		(Type or print) Benjamin Fra		DATE OF BIRTH	9 AGE (In years	FUNDER I YEAR THE UNDER 24 HRS			
	2		THE REAL PROPERTY OF THE PARTY	DAIL OF BIKIR	lost birthday)	Months Doys Hours Min.			
		Male white WI	DOWED DIVORCED	3/26/93	73 yrs.				
		USUA, OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	IT BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT			
	dur	ing most of working life, even if retired) UEL OIL TENDER	TAMPA ELECTRIC CO	777 1		COUNTRY?			
	13.	FATHER'S NAME	7777	14. MOTHER'S MAIDEN	NÂME	1 3 4.			
	16	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 II	NFORMANT TUGONI	a Thompson Address				
	(Ye	es, no, or unknown) (If yes give war ar dotes of servi	Cê X						
		No	262-09-9096 A	<u>nnie Cooper</u>	- 6201 - 44th	Ave., Riverdale			
		18. CAUSE OF DEATH (Enter only one couse per	tine for (a), (b), and (c))			INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	CARC!	NOMATOS	()	ONSET AND DEATH			
		15 3, P DUE TO	4 >	_					
		Conditions, if any, which gove) (b)	ADENOCARCINI	oma of	COLON	1 year			
		rise to immediate couse (a), (
		storing the underlying couse							
			PURILE OR PETER BURNES BELLETER TO T	UK TERMINA DISTACT CO.	OBJECT ON THE DADY 1/-1	19. WAS AUTOPSY			
100	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT KELATED TO T	HE LEKMINAL DISEASE COI	ADITION GIVEN IN PART I(0)	PERFORMED?			
1200	CERTIFICATION					YES NO			
	TIF	20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Part II of item 18)				
		(IF EITHER, NOTIFY MEDICAL (XAMINER)							
	절	20c TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form		(County) (State)			
	MEDICAL	Hour o.m.	While Not While foctor	ory, street, office bldg., etc.					
		21 1 certify that (I) (this hospital		0 - 30	10 66 to 11.27	, 19 <u>64</u> , that (I) (we) lost			
		sow the deceased olive on 1)	-26 1966, and that	death accurred at	5 A M from courses o	and on the date stated above			
		270 SIGNATURE	, and man	dealli accorred at		22b. DATE SIGNED			
		220 SIGNALUKE		ATTENDING	MED STAFF	111. 27 (./			
		C I I OCC	Marin M.D	D. PHYS. LYJ 22d. ADDRESS	DIRECTOR LJ PHYS. LJ	11 27.00			
1		22c. PHYSICIAN'S NAME (Type)	VERDALE, MA						
/		CARE J. TRO	NUMANN						
	230	D. BUR AL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCATION (City or Tow	1 77 1 7			
	1	BUKIAL NOV. 30 19	CL DOVER CEM.		DUVER	FLA			
		4. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE Judge			
	w	I.W CHAMBERS CO R	IVERDALE, MD.	DATE D	EC 1 1966 /	Marles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftergang physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENBENG FIRYSICIAN: The law requires that the sast certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16037		CERTIFICATI	OF DEATH		1603	38			
1,	PLACE OF DEATH				Where deceased lived, if institu					
	Prince George	s	MARYLAND	o. STATE Mar	yland b (0.5	NY Prince	e George's			
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	C LENG	OTH OF STAY IN 16	CITY OR TOWN (If au	ollege Park,	IRA, and give near	est tawn)			
	d NAME OF HOSPITAL OR INSTITUTION (If not in he 5011 Cherokee St.	spital, give street	t address)	d. STREET ADDRESS 5011 Che	rokee st		e IS RESIDENCE ON A FARM? YES NO X			
3.	NAME OF First		Middle	Last	4. DATE Mor					
	DECEASED (Type or print) Bessie	>	D. Corbe	tt	OF DEATH	Vov 15, 1	**			
5	Comple white	ARRIED N	EVER MARRIED	Mar 8, 189	9 AGE (In years 98t birthday) 97s.	Manths Days				
10d du	a USUAL OCCUPAT ON (Give kind of work dane ring most of working life, even if retired)	IOD KIND OF BU	JSINESS OR home	11. BIRTHPLACE (County North		EN OF WHAT				
h-	FATHER'S NAME Cicero Alonza Dudley		14 MOTHER'S MAIDEN	NAME Anna Rigsby	,!.					
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af servi	16. SOCIAL SE		INFORMANT dney G. Cor	bett College	e ark, h	ld.			
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE ONSET AN										
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) ARTERIO — Sclerottic HEMPT DISEMSE (c)									
AT ON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		9. WAS AUTOPSY PERFORMED? YES NO			
CERTIF CAT ON	200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19			ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.		(County)	(State)			
	21. I certify that (I) (this haspital) attended the deceased from 1965, 19, ta 11/15, 1966, that (I) (ve) las saw the deceased alive an 100 / 5 1966, and that death accurred at 16.16 M, from causes and an the date stated above									
	220. SIGNATURE COLLECT Krance M.D. ATTENDING MED. STAFF 1/1/15/66									
	220 PHYSICIANS ROBERT /	KRAHE	FR, M.D	· 22d ADDRESS 4	1645\$	- 88	nd			
23	o BURIAL, CREMATION, REMOVAL (Specify) Nov 18, 19		vame of cemetery or rrells Cha	CREMATORY pel Cemeter	23d LOCATION (City or I		17 1 7			
2	FUNERAL DIRECTOR Gasch's Sons	Hyatts	ADDRESS sville Md.		D BY REGISTRAR 2Sb R	EGISTRAR'S SIGNAT	URE O			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fameral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after seagh. Executed within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate in Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16020 CEDTIFICATE OF DEATH

	1	1603	2		CEKIIF	ICATE	OF DEATH				11.94	
ਵੀ ਰਹੁਵੀ	1	LACE OF DEATH					2. USUAL RESIDENCE	(Where dece	osed lived, if it	nstitution R	tesidence before o	odmission)
funeral fond for death		. COUNTY			MARY	O A MPS	o. STATE Marylan		h	COLINTY	e Georg	
ours after by the full by the full by the full by hours after	Н	Prince G	outside corporate imit		c. LENGTH OF STAY I		c CITY OR TOWN (If	outside corpo	prote emits, wre	te RURAL or	nd give negrest 1	town)
2 d	,	write RURAL and	give neorest town)	*,			Lnaham				,,	1. 1
nours after by the fu s. Pages I hours afte		Cheverly	L OR INSTITUTION (If no	a in bacaita a	2 days	>	d. STREET ADDRESS				e	IS RESIDENCE
in 24 hou illed in b popers.			eorge¹sGen				6913 Na	val A	venue			IS RESIDENCE ON A FARM? S NO
ithin 24 line in filled in poper within 72										84 Al-		
icote be executed with isician and completely please remove carbon i, and in any event, with	1	NAME OF DECEASED		rst	Middle		Lost	4 DATE		Month	Doy	Year
unted v mplete ve cart event,		Type or print)		ane	Marie	1	Cox DATE OF BIRTH	DEAT	9 AGE (In ye		aber 10 UNDER I YEAR I	19 66 F LINDER 24 HPS
omp ve eve	\$.		6. COLOR OR RACE		NEVER MARRIED				last birthd	оу) Мо		Hours Min
ote be executed with cian and completely eose remove carbon ond in any event, with		emale	White	WIDOWED	DIVORCE		2/7/1929		No. of the last of	yrs	12 CITIZEN OF V	A/U.A.T
B 5 2	10o.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coun	ty & Stote, or	toreign country))	COUNTRY?	MUNI
e e os e	_	ng most of working Artist			Self emplo	yed _	Arkans	388			U.S.	A
physician en pleose ovol, ogd	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	I NAME				
ne deoth certific ottending phys permit. Then p ion, or removol,		Hom	er B. Marb					Gregi	ory			
th dime	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of carvical 16. S	OCIAL SECURITY NO	17. II	NFORMANT	0		Address		
ottendi permit. ion, or r	(1e	No.	(II Aaz dise son or goiez	n seivice)			Robert H.	Cox	6013	Naval	Ave	
that the deoth certificate be executed within 24 hours after death an. by the ottending physician and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages 1 and cremation, or removol, opdingny event, within 72 hours after death cremation.		18 CAUSE OF DE	ATH (Enter only one cou			0	0		-		INTER	VAL BETWEEN
that the an. by the transit p		PART 1 DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) Acc	ide pul	unoi	1824 70	ELLLA	S		UNSE	LAND DEATH
		7 X	DUE	TO CYLE	nerdlinge-	J 18	Inter on	le on				al a sa
physicic signed burial-ti buriol, c		Conditions, if any,		(b) Ju	, tex Pin	ol	O & soul	chi	>		3	acy
		rise to immediat		10	abedes		. Ol. Can				.2.04	'enfym
w rating the the ratio		fast	lying cost	(c) 1) (abedes	CIVL	excessions				-300	9
e low tendin as beer os the prior t	_	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT REI	ATED TO T	HE TERMINAL DISEASE O	ONDITION G	IVEN IN PART 1	(0)	19. V	VAS AUTOPSY PERFORMED?
는 ta 보 하고	TION	1. M.	pluotes	- 24	www	0					YES	profitting to promote the second
2 5 5 5	CERTIFICATION	20o ACCIDENT WA		205. DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury i	n Port I or f	Port II of item	18.)		
3 4 4 T L	CERT		CAUSE OF DEATH MEDICAL EXAMINER)	Í								
PHYSIC ne hospi his cert etached Dept. o		L ,	JRY Month, Doy, Year	20d. IN	IJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	rm, 20f	. (City or to	wn)	(County)	(Stote)
the det det de D	MEDICAL	Hour o.r	η,	While of work	Not While	foct	ory, street, office bldg., e	(c.)				
by 1 fter be obe		0.1 L conti	fy that (I) (this ha		ded the deceased	from	MICH /	19 6 5	to 11-	. 10	19 66 thm	it (I) (we) Inst
= ¬ ¬ ¬ ¬		caw the d	eceased glive an 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1966	and that	death accurred	011-45	M. fram ca	uses and	on the date	stated above.
ATTENI atoined CTOR: A should of the		220. SIGNATURE	aceused direction		7				P.M.		22b. DATE SIGNEI	D
≥		220. 31011111111		alu	alw)	J.M.	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.		11/11/	66
y be y be goe goe filed		22c. PHYSICIAN'S					22d ADDRESS					
		NAME (Type	Ohannes Sa	hakyan,	M.D.		5813 La	ndove	r Rd.,	Cheve	erly, Md	
O HOSPIT Poge 4 m O FUNER director, should be	230	BURIAL, CREMATI	ON. I 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d.	LOCATION (City	or Town)	(County)	(Stote)
O HOS Poge 4 O FUN direct		REMOVAL (Specify) 🕅	14, 196	Union	Cemet	erv	Du	ncannor	a . Pe	erry Per	nsylvania
5-5	24	Burria.	R		ADDRESS		NAM	C'D-BY REGI			RAR'S SIGNATURE	
VR A15 (4) 20 M 1/66		Bur Bur	gee Funera	1 Home	3631 Fal.	ls Ro	pad DATE	14	1000	, cua	res Jus	42
	_	3	Horis	ice F	Bulge		-					

2 × 3 × 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased led of institution Residence before admission)

9. AGE (In years

lost birthdoy)

e IS RESIDENCE

IF UNDER 1 YEAR

Doys

12 CITIZEN OF WHAT

COUNTRY?

Months

ON A FARM?

YES NO SE

c CITY OR TOWN (if outside corporate i m ts, write RURAL and give nearest town)

District Of Columbia

230 Upshur Street

11 BIRTHPLACE (State or foreign country)

4 DATE

DEATH

Washington

d STREET ADDRESS

Lost

6 Feb. 1928

Crowner

B. DATE OF BIRTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

c. LENGTH OF STAY IN 4b .

Middle

NEVER MARRIED

10b KIND OF BUSINESS OR

DIVORCED

2 hrs.

16039 PLACE OF DEATH o. COUNTY Page

and

d "pending" in pencil 'n Chief Medicol Exominer's

word

te, writing the w forwarded to the

4 should

be exeruted within

certificate mhould

Prince George's

6 COLOR OR RACE

Negro

100 USUAL OCCUPATION (Give kind of work done

d NAME OF MOSPITAL OR INSTITUTION (finot in hospital, give street oddress)

Purnell

7 MARRIED

WIDOWED

Prince George General Hospital

b CITY OR TOWN (f outside comparate limits

write RURAL and give negrest town)

Cheverly

3 NAME OF

Male

S SEX

DECEASED

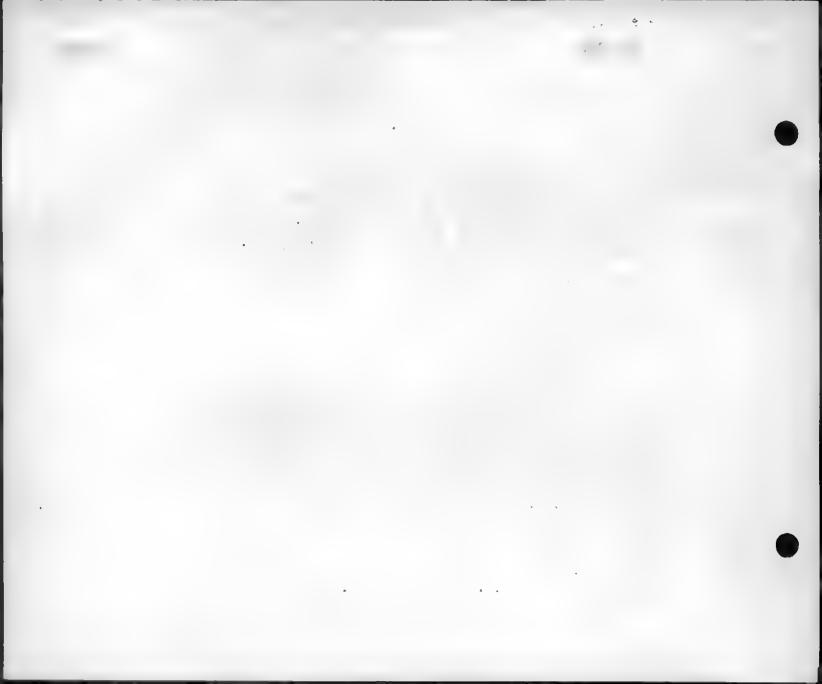
(Type or print)

0 Deportment offer hours State the within event CV poges in onv removal. 5 cremation, 0 prior 3 should 0

the funeral director.

during most of working life, even if retired) MARYLAND 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MURRAY CROWNER MARY 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address BETTY L. CROWNER (Yes, no, or unknown) (If yes give wor or dates of service) 230 Upshun St, NA 216-22-3289 YES 18. CAUSE OF DEATH (Enter only one couse per une for (o), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain Fracture of skull DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notize of secury in Port or Port I of item 18.) PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH Driver of car which went out of control and hit a tree. 20c, TIME OF INJURY Month Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) Hour o.m. Not While foctory, street, office bldg., etc.) 2:30am pm 31-16-19 66 of work of work 50 west of Rt. 197. Prince George Co. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x, Inquiry x and in my opinion death resulted from: Notural, couses [7]. Accident [X]. Spicide [7]. Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO NAME (Type) John Riverdale. Md. 11-16-66 Kehoe, M.D. Address (Street, city, town, or county) 230 BUR AL, CREMATION. 23 NAME OF CEMPTERY OR EREMATOR 23b DATE THEREO (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66



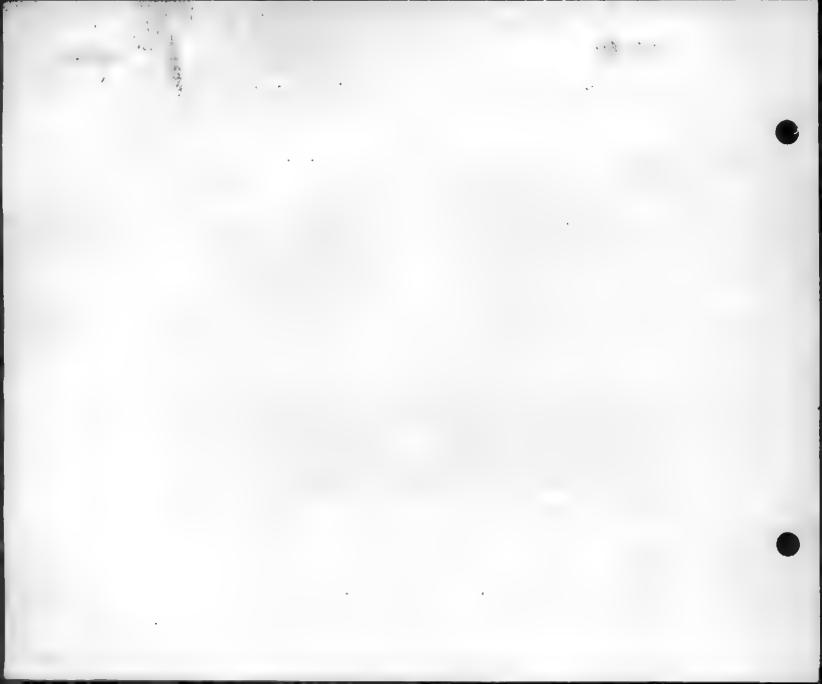
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR	STATE
HEALTH	I DEPT.

P.M.3. Poge pages Yond 2 With the State Department of in any event within 72 hours after death. in pencil in Item 18. Give Pages 1, 2, and 3 to deloy s necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director Page 4 should be farworded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours ofter death Health or its designated agent, prior to burial, cremation, or removal, and as o burial-transit perm t. File O FUNERAL DIRECTOR: Poge 3 should be used MEDICAL EXAMINER: 5 may be retained for your files TO DEPUTY

VR A15ME (5

	16040	MEDICAL EXAMINE	R'S CERTIFICATE	OF DEATH	16041
1	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE o. STATE		ution. Residence before admission) UNTY
	Prince George's	MARYLAN		0 19	, , , , , , , , , , , , , , , , , , ,
	b CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town)	. C LENGTH OF STAY N TE		outs de corporate limits, write R	URAL and give nearest town)
0.00	Cheverly	DOA	Eagle Har	bor	1:.1
	d NAME OF HOSPITAL DR INSTITUTION (If not in	haspital, give street oddress)	d STREET ADDRESS		e IS RESIDENCE
	Prince George Genera	l Hospital	Rt. 1. Bo	x 62	ON A FARM? YES NO
3	NAME OF First	Middle	Lost .		nth Doy Year
	OFCEASED (Type or print) Maggie		Davis	OF DEATH	7 19 66
5		MARR ED NEVER MARRIED	7 8 DATE OF BIRTH		IF UNDER TYEAR THE UNDER 24 HRS
F		IDOWED X DIVORCED	unknown	About 60,	Months Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY		te or fore gn country)	12 CITIZEN OF WHAT COUNTRY?
_	FATHER'S NAME		unknow		unknown
13	FATHER'S NAME +		14. MOTHER'S MAIDEN	NAME	
	unknown		unknow	m	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFORMANT		lress
(Y	es, no, or unknown) (If yes give wor or dotes of ser		T 1 TT . 1 *	O- 43	1
-		unknown	John Hawkins	Same Ado	
	18 CAUSE OF DEATH (Enter only one couse po PART I DEATH WAS CAUSED BY				INTERVAL BETWEEN DNSET AND DEATH
	IMMEDIATE CAUSE (o)	Burns - 100% of	body surface		
	7/60 DUE TO				
	Conditions, if ony, which gove) (b)				
	rise to immediate cause (a), Stating the underlying cause DUE TO				
	last. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTR	SRITING TO DEATH BUT NOT RELATED	TO THE TERM NAI DISEASE OF	ONDITION GIVEN IN PART 1(A)	19 WAS ALTOPSY
CERTIFICATION	TAN A GIVEN SIGNATURE CONDITIONS CONTROL	DOT NOT KEENIE	7 TO THE TERM THE DISEASE CO	ONDITION ON EN IN TAKE I (O)	19 WAS AUTOPSY PERFORMED?
S	DO SYTEDIAL CALISE WAS				AEZ NO X
Ē	200 EXTERNAL CAUSE WAS PRIMARY STOT CONTRIBUTING	20b DESCRIBE HOW INJURY OCCUR	RRED (Enter noture of injury in	n Port or Port 1 of riem 18)	
	PRIMARY Extor CONTRIBUTING CAUSE OF DEATH	Trapped in bur	ning house		
WED CA.	20c TIME OF INJURY Month, Day, Year	20d INJÜRÝ OCCURRED 2De	e PLACE OF INJURY (Home, for		(County) (State)
Æ	Hour om.	White Not White of work	foctory, street, office bldg , en	Same as #	LO LI
	21. I certify that I took charge of				
	death resulted fram Natural co		Suicide , Homicid		
	1 /	10/	CHIEF MEDICA	<u> </u>	
	ACTUAL //	18 / 20	400,000	EDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE	100		CAL EXAMINER IX	
	EXAMINER'S John Mehoe, M.1	D. Riverdale,	10.0	et, city, town, or county)	11-8-66
23	BURIAL CREMATION 235 DATE THEREOF		Y OR CREMATORY	23d LOCATION (City or T	own) (County) (State)
	REMOVAL (Specify)	6 M. Struct-	Med School	Baltimo	re. Mot-
2	I. FUNERAL DIRECTOR	ADDRESS	25o. REC		REGISTRAR'S SIGNATURE
		~	DATE N	OV 2 1 1956	Minutes Judge
-			DAIL I	OUC LOVE	7



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

16074

pages 1 and 2 with the State Department af in any event within 72 haurs after death.

This certificate should be executed within 24 hours after death if any delay is

necessary, please execute the certificate, writing the ward "pending"

MEDICAL EXAMINER:

TO DEPUTY

5 may be retained far yaur files.

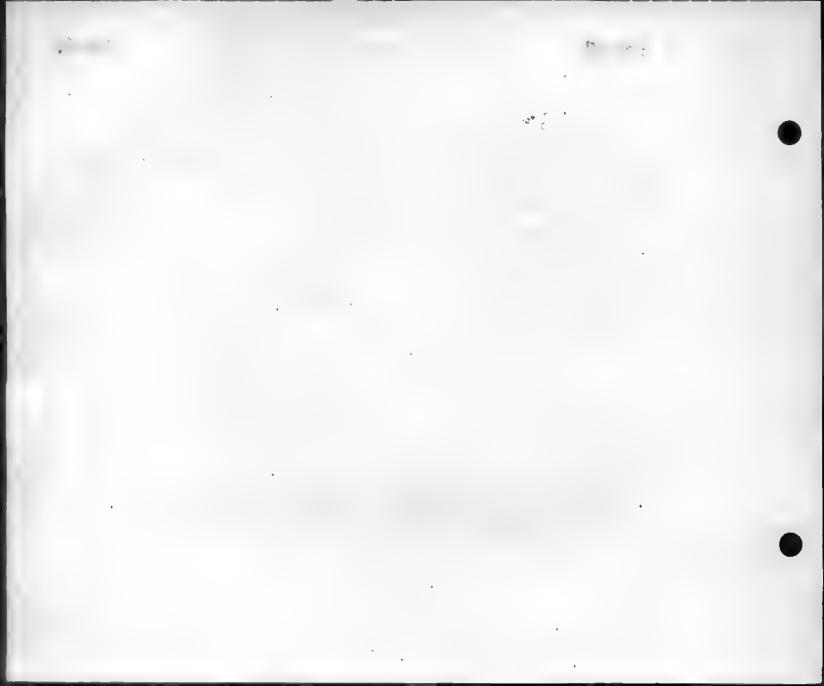
TO FUNERAL DIRECTOR: Page 3 shamld be used as a burial-transit permit. File Hmalth ar its designmete agent, priar to bunal, trematian, ar remover and

	1604	1	ME	DICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	16	042	
1	PLACE OF DEATH						Where deceased lived, if inst ti			າຄ)
	o COUNTY	Prince Ge	orge	MARYL	IANO	o. STATE Md.	Princ	UNIY e Georg	e	
-	b CTY OR TOWN (If outside corporate mit	ts,	C LENGTH OF STAY N		(m	its de corporate limits, write R			
	write RURAL and	d give nearest town)		2		Į.				
H	Colle e	<u>atark</u> ALOR INSTITUTION (If n	at in basada	2 years		d STREET ADDRESS	re Park		e S RES O	ENCE
	G NAME OF HUSEII	AL OK MOTHOLON (IT I	ai in naspiia	, give street address)	-				ON A FA	ARM?
		Same as #2				7506× Hop	kins Ave.,		YES	NO X
3.	NAME OF DECEASED	F	irs†	Middle		Lost	4. DATE Mo	nth	O ay Yea	f .
	(Type or print)	Ве	atrice	Barnes		Davy	DEATH	11	12 19	66
S	SEX	6 COLOR OR RACE	7 MARRIE	NEVER MARRIED		B DATE OF B RTH	9 AGE (n years	Months D		
	R	W	WIDOWE	D 🕞 DIVORCEO		21 Aug 188	4 last birthday) 4 82 yrs	would?	Days Hours	Min
		Give kind of work done	10b	KIND OF BUSINESS OR		11 BIRTHPLACE (State			EN OF WHAT	
du	ng mast of warking	l fe, even "f ret red) USEW11e		NOUSTRY Dwn home		OH	nio	Polit	SRY?	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
	S	amuel A. Ba	rnes			Rose M	liller			
15	WAS DECEASED EVE	R NUS ARMED FORCES?	10	S SOC AL SECURITY NO	1,17	NFORMAND Thoma	s College Pad	ress		
(Y	,	(If yes give war ar dates	af service)		DA1	.via b Thoma	is college rai	rk, Ma.		
	IR CAUSE OF D	EATH (Enter only ane ca	use ner l'ee i	or (a) (b) and (c))	_				INTERVAL BETV	WEEN
				Arterios	al on	otia boant	dicasca		ONSET, AND DI	
	4200			Arterios	CIGI	OUTC Hear t	Итреарс		010	- y
	Canditions, if any	OUE								
	rise to 1mmediat	a couse (a)	(b)			<u>.</u>				
	stating the unde									
	last.	,	(c)							
×	PART I, OTHER SI	GN F CANT CONDITIONS (CONTRIBUTING	TO DEATH BUT NOT RELA	T Of Date	HE TERMINAL DISEASE CO	NOITION G VEN IN PART I(a)		19 WAS AUTO PERFORME	PSY D?
Ĭ									YES 🔀 1	
Ĕ	20a. EXTERNAL CA PRIMARY ar CO		20b	DESCRIBE HOW INJURY OC	CURRED (Enter nature of injury in	Part or Part II of item 18.)			
18	CAUSE OF DEATH	MIKIBUTING								
MEDICAL CERTIFICATION		URY Month, Day, Year	20d	INJURY OCCURRED		E OF INIJRY (Home, form		(Count	(A) (A)	State)
물	Hour a.r	10	Wh	ile Nat While at wark	facto	ory, street, office bldg, etc.				
				emain described abo	ave hel	d an Autaney Est	Inspection (3) Inc	uiry 🔀,	and in my o	
									und in my d	ahiilian
	death result	red ream: Norum	al causes	🗔, // Accident 🔲,	Sulci	de, Hamicide		nanner		
	ACTUAL	11-1	R.	100		CHIEF MEDICAL			22. DATE S	SIGNED
	SIGNATURE	Mm	/ L	1/1/		191. U	ICAL EXAMINER L			
	EXAMINER'S NAME (Type)	John Kehe	e, M.l	O., Riverdal	LC	OEPUTY MEDICA Address (Street	I, city, town, or county)		11-12-6	66
23	BURIAL, CREMAT	ON, 23b DATE TH		23c NAME OF CEMET			23d OCATION (City or F Neshannock	gwn) (C	aunty) (St	late) a
	REMOVAL (Specify Burial	Nov 15	, 196	6 Castlevi	lew (Cemetery	Mesnannock 1	cownsn1)	p Pa	a
2	FUNERAL DIRECTS	Ŕ		AOORESS		1		REGISTRAR'S SIGI		
	F. Gas	ch's Sons	Hya	ttsville, Ma	aryla	ind. OATE	NOV 15 1966	Jalia	was Jus	42

VR A15ME (5) 6M 1/66



1			DISISION OF STAT	ISTICAL KESEAK	CU WHO KECOKOS	, JUL W. PRESTUR SIR	EET, BALTIMUKE, MAKTLA	
FOR S	TATE	1	16042	MEDIC	AL EXAMINER	S'S CERTIFICATE	OF DEATH	16043
HEALTH	DEPT	<i>/</i> F	PLACE OF DEATH O. COUNTY				(Where deceased lived, if institution	Residence before admission)
de ⇔ ≥.	15°E		Prince Ge	OMGO	MARYLAN	o. STATE	b. COUNTY	ce George
detay is and 3 to 13. Page	death;	-	b CITY OR TOWN (If outside corporate lin	m ts c	LENGTH OF STAY IN 18	.II . 1711 L	outside corporate limits, write RURAL	ond give negrest town)
y dei	E T		write RURAL and give nearest town)		0.1			110.1
F 23 A	0.0	H	d NAME OF HOSPITAL OR INSTITUTION (IF	not in bacasta, m.ia	2 hrs	d STREET ADDRESS	tsville	
Z-E	0 S S							e IS RESIDENCE ON A FARM?
Poges vith for	ate De		Leland Memoria				ieens Chapel Rd.	YES NO 💂
death Poge with f	e St 72	- 1	NAME OF DECEASED	First -	Middle	LOSI	4 DATE Month	Doy Year
fer de Give			(Type or print)	Mildred	Latton	Day	DEATH NOV	
after 8. GIVE alang	with th within	,	SEX 6 COLOR OR RACE	-	NEVER MARRIED	B DATE OF BIRTH	ost hirthdov)	FUNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min
S _ S	ent 2	ļ.,	F W	WIDOWED	DIVORCED [8 Feb., 19	19 47 yrs	
hours Item 1	F.8	1 d	o USUAL OCCUPATION (Give kind of work do iring most of working life, even if retired)		OF BUSINESS OR	11 BIRTHPLACE (Stot		12 CTIZEN OF WHAT
7 - 5	1		Psychologist				ansas	COUNTRY?
within pencil camine	in po		B FATHER'S NAME			14 MOTHER'S MAIDEN		
within 2 n pencil ii Examiner	File		James P. Litt				M. Williams	
Pa E E			S. WAS DECEASED EVER IN U.S. ARMED FORCE (es, no, or unknown) (If yes give wor or doto	S? 16. SOC	IAL SECURITY NO.	Orville W.	Day 7420 Address	W. 93rd St.
executed inding in Medicol E	I'm'i		(1 pageto not a see			orutile #.	Portlan	d, Oregon
ld be executed ind "pending in Chief Medicol B	burial-trans-t permit mation, ar removal,		1B. CAUSE OF DEATH (Enter only one	couse per ne for (o),	, (b), and (c))			INTERVAL BETWEEN
be "pe	ins i		PART 1 DEATH WAS CAUSED BY	Ise (a) Lac	ceration of	brain and bi	lateral	ONSET AND DEATH
should ie word o the Ch	True	4	8/24 D	UE TO PRO	eumothorax			
e should the word to the C	urio atic		Conditions, if ony, which gove	(b)				
- A -	o burial-tr		rise to immediate cause (a), stating the underlying cause	UE TO Tra	auma-Auto a	ccident		2 hrs.
ing ded	° °		lost	(c)				
s certificate e, writing t farwarded	used os buria, c		PART II OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDIT ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
is c	be us	0						AEZ NO ES
This i ficate, be fa		-	1 20o EXTERNAL CAUSE WAS	20b DESCR	IBE HOW INJURY OCCUR	RED (Enter noture of injury or	Part I or Part I of Item B)	
INER: e certif should	les. should t t, priar	CEOT	CAUSE OF DEATH	Pede	estrian str	ruck by car.		
INE Sho	fle 3 sh	AACDICAL	20c T ME OF INJURY Month, Day Year	20d INJUR	RY OCCURRED 206	PLACE OF INJURY (home, for	m 20f (City or town)	(County) (Stote)
EXAMINER: Lute the cert oge 4 shoul	our fles age 3 sha ogent,	7797	20c T ME OF INJURY Month, Day Year 6.30 pm 11 2 1	1966 While D	Not While 2/	toctory, street, office bldg lete LOO block-Quee	ens Chapel Rd.,	P.G. Md.
E E	oined for y IRECTOR: Po designoted		21. I certify that I took cho					
exe	Page 1		· ·				Undetermined mon	
MEDICA leose ex director.	REC esig			10/10/10/10			L EXAMINER	
Plec dir	DII DII		ACTUAL SIGNATURE	in /4 0	hal-		DICAL EXAMINER [22. DATE SIGNED
7 / La	SAL SAL			Kahoa M	D Rivero	lale, MdDEPUTY MEDI	AL EXAMINER	1-2-66
DEPUTY Ressary, e funeral	S t	7	NAME (Type)	Renoe, M.	.D., ILLVEIC	Address (Stre	et, city town, or county)	1 I - 2 - 0 0
O DEPUTY necessary, p the funeral	5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	7	BO BURIAL, CREMATION, 23b DATE	THEREOF	23c NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
10	7 P	1	urial Ren. 11	17/66 15	Sunset Hi	11 Cem.	Portland	Oregon
					ADDRESS AT	E 250 REC	D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	A15ME (5) 6M 1/66		May 12 130	ral Home	noton, Vi	$Fairfa \stackrel{2So}{x} \stackrel{REC}{Dr}$	NOV 7' 1966 &	Charles Judge

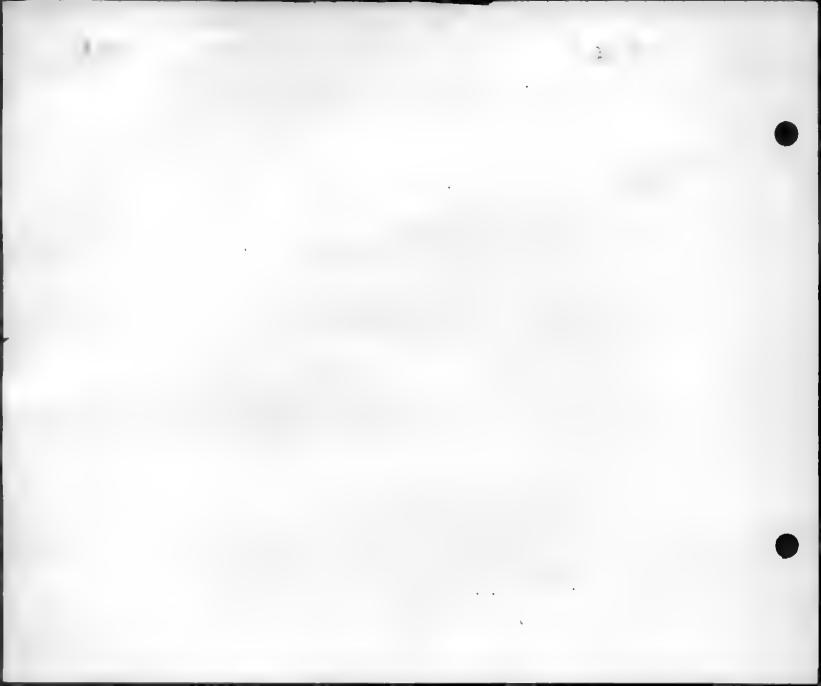


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY Page 4 death. Prince George's MARYLAND aryland b CTY OR TOWN (If outside corporate limits. c CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY N 16 write RURAL and give nearest town) after 30 min. Cheverly Baltimore d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Item 18 Give Pages 1, Office alang with farm haurs Garrison Avenue NO 1 ate Prince George General Hospital 3909 havrs ofter death 3 NAME OF 4 DATE Middle Lost Month DECEASED OF 0 within (Type or print) DEATH 66 Demmine Freda with S. SEX 9. AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months WIDOWED DIVORCED mar. Female unknown pencl in Item pillo 100 US_AL OCCUPATION (Give kind of work done 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHP_ACE (State or foreign country) during most of working life, even if retired)
Housewife INDUSTRY At Home COUNTRY? Russia d "pending" in pencl in Chief Medical Examinar's pages dny 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within ≡ Ethel E gnd Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no or unknown) (f yes a ve wor or dates of service) remayal, Mrs. Miriam Laken. 4004 Boarman Avenue Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY Б Heart failure IMMEDIATE CAUSE (o). Arteriosclerotic heart disease This certificate should burial, crematian, DUE TO over 7 Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse nsed 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO SE prior to 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of hipry in Port I or Port II of Hem 18) shauld PRIMARY I or CONTRIBUTING [] 4 shau CAUSE OF DEATH its designated agent, 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om. Not While foctory, street, office bldg., etc.) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [x], Inquiry Sc. ond in my opinion FUNERAL DIRECTOR: Notural couses death resulted from. /Accident Suicide . Homicide Undetermined monner the fulleral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER IN **EXAMINER'S** Riverdale, Md. 11-15-66 NAME (Type) John Kehoe. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23h DATE THEREOF 230 BUR AL CREMATION (County) REMOVAL (Specify Moses Montificate Baltimore. Maruland 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TAIL			16044		MED	ICAL EXAMIN	NER'S C	ERTIFICATE	OF DEAT	'H	160	45
HEALTH	DEPT.	/		PLACE OF DEATH					2 USUAL RESIDEN	CE (Where deceo			efore odmission)
lay 1s 13 to Poge	÷ 0 €			Prince Ge	eorge's		MAR	YLAND	District	of Col	umbia	NIT	,
ela) 143	_ 0		1	CITY OR TOWN (If outside write RURAL and give in	le corporate i mits,		C LENGTH OF STAY	lN lb	CITY OR TOWN-(If outside corpora	te limits, write Ru	RAL ond give he	orest town)
y de	port n			Cheverly	egiesi (pwil)		DOA		Washing	zton		4	47
1, 2, n	Deportr urs ofter		4	NAME OF HOSPITAL OR I	NSTITUTION (If not	in hospital, g	ive street oddress)		d STREET ADDRESS	1			e S RESIDENCE ON A FARM?
es 1, form	tote De hours	99		Prince Geo	rge Genei	ral_Ho	spital		812 G.	Street.	S.E.		YES NO X
Pag /ith	e Sto 72 h			IAME OF	Firs		Middle		Lost	4 DATE OF	Mon	ith	Doy Year
o o ×	in the			Type or print)	Lorrair	ne	Rebecca	Dil		DEATH	11		19 66
ofter 8 Giv along	with th within		5	EX 6 COI	LOR OR RACE	7. MARRIED	NEVER MARR E	8 🔲 6	DATE OF B RTH	9	AGE (in years lost birthdoy)	Months Do	
	12 v				hite	WIDOWED	Cha.		13 Sept.		39 yrs.		
hours Item 1 Office	lond 2 event			USUAL OCCUPATION (Give king most of working life, eve		10b K	ND OF BUSINESS OR DUSTRY	4	11 BIRTHPLACE (S	_		12 CITIZEI COUNT	V OF WHAT
24 III	THE STATE OF		1	1E-17- CLITTE		BR	1663 M	147		YLAN	10	4-	577
rhin mine	重		13	FATHER'S NAME	1, <	-7			14. MOTHER MAID				
WI Pe	ill B		10	WAS DECEASED EVER NUS	ADMID COUCLES	TIME	SOC AL SECURITY NO	3.7 9616	ORMANT A	ECCA	(-00		
executed within 24 inding in pencil in Medical Examiners			(Ye	, no, or unknown) (If yes o		service)		A	1 /1	2	Add	/2	SE. 1
ding ledij	permit. movol,		4	10			78-36-73	19/	TARY H.	Doy217	E 239	()AKWO	
d be executed within 2 d "pending" in pending Chief Medical Exominer				18 CAUSE OF DEATH (FI PART I DEATH WAS	CAUSED BY								INTERVAL BETWEEN ONSET AND DEATH
g p	buriol-transit motion, or re			Laj 1.	1	/	iac tampor		h mà cal				
word the C	rioi-			Conditions, if ony, which		plan.	ure of let						
the st	bu eme			rise to immediate couse	DISC T		nary arte			annt di	20000		
ng ded	20			stoting the underlying clast.	GC28	doro	nary arte	LIOSCI	Ground II	care ar	bease		
s certificate, writing forwarded	used o		-	PART II OTHER SIGNIFICA	NT COND TIONS COI	NTRIBUTING T	O DEATH BUT NOT REI	ATED TO THI	TERMINAL D SEASE	CONDITION GIVE	N IN PART 1(o)		19 WAS ALTOPSY
	be us to bu)	ATIO										PERFORMED? YES NO
frat be	Pa	40 1	CERTIFICATION	20g EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBUT	S C C	20b DE	SCRIBE HOW INJURY O	CCURRED (Er	nter noture of injury	y in Port or Por	t 11 of item 18)		
certif hould	Pri Pri			CAUSE OF DEATH	ING L								
AL EXAMINER sxecute the cer r. Page 4 shoul	- co =		D.CAL	20c T ME OF INJURY Ma Hour o m.	nth, Doγ, Yeor		JJRY OCCURRED Not While		OF INJURY (Home,		(City or town)	(County	(Stote)
KAN te 1			MED	p m.	19	While at work	of work						
L EX	ained for y tRECTOR: P designoted			21. I certify that					on Autopsy 5	, Inspect	on 😾 , Inq	uiry 😿 , (and in my opinion
2 0	igi Car			deoth resulted fro	im: Natural	Courses 🔀], Accident	, Suicidi	e 🔲, Homic	cide 🔲, U	ndetermine <mark>d n</mark>	nonner 🔲	
MET lease direct	retained DIRECT Its design			ACTUAL	201		V. /_			ICAL EXAMINER			90 DAYS SICHED
100	It D			SIGNATURE	1/60	27/	w		M.D	MEDICAL EXAMIN			22. DATE SIGNED
DEPUTY scessory, e funerol	y be			EXAMINER'S NAME (Type) John	Kehoe,	M.D.	Riverdale	e. Md.		EDICAL EXAMINER itreet, city, town,			11-25-66
	5 may be O FUNERAL Health or i		23o	BURIAL, CREMAYON,	236. DATE THER		23c NAME OF CEM				CATION (City or To	own) / Ifor	unty) (State)
5 g #	∽೭ಕ್ಸ		7	REMOVAL (Sperify)	11/28/	,	FT	/	:0/2		Aden	' /	
		1	X	FUNERAL DIRECTOR	1000	ar year	ADDRESS			REC'D BY REGISTE	AR 25b R	EGISTRAR S SIGNA	ATURE
VR	A15ME (5)	10	11	2/1/1/1/10 nu	In rate.		11 75 0	-	D.C.	NOV 9			Jan Judas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16045	CERTIFICA	TE OF DEATH		16046
	1. PLACE OF DEATH	eorge Maryland	a STATE	Where deceased lived, if institution of the COU	fion. Residence before admission) NTY Pridee George
13	b. CITY OR TOWN (if autside carparate in write RJRAt and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If	nat in haspital, give street address)	d. STREET ADDRESS	itside carparate limits, write RU + SUILLY 17: 415- Auc	RAL and give nearest town) Out of the last residence on A FARM? YES NO NO
	3 NAME OF DECEASED (Type or print) 5 SEX 6. COLOR OR RACE Male (1)	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	D. / Worth 8. DATE OF BIRTH 4-7-05	OF DEATH New Of State	th Day Year 30 1966 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min
	19a USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) ST 20 06 74 74 18 19 19 13. FATHER'S NAME	INDUSTRY LUCYTL 10 SOCIAL SECURITY NO	14. MOTHER'S MAIDEN 17. INFORMANT	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY? U, S, A.
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY. IMMEDIATE cause (a), stating the underlying cause last.	ause per line for (a) (b), and (A)	Delphia Majile Military Military TO THE TERMINAL DIESASE CO	Dilworth THE A Misseed Dily ANTHON CHEN IN BART 1601	MIERVA. BETWEEN ONSET AND DEATH 2 4/12
5	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAJSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCUR			PERFORMED? YES \(\begin{array}{c} \text{NO} \\ \text{PO} \\ \text{NO} \\ \text{PO} \\ \text{NO}
	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 1	While - Not While -	PLACE OF INJURY (Hame, farn factory, street, affice bldg., etc.)	(Caunty) (State)
,	saw the deceased alive an. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Malin MT	that death accurred at ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS C	and an the date stated above 22b. DATE SIGNED 11-30-6,6
/	23o. BURIAL, CREMATION, REMOVAL (Specify) 11/3	0/66 Lees Cre	natory	23d LOCATION (City or To	n DC
	24. FUNERAL DIRECTOR J. Wm. Lees Sons	ADDRESS 300 4th St.NE, Wa			Edistrar's SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention, hysician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit—Tech please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar emoval, and in any event, within 72 haurs after death. VR A15 (4) . 20 M 1/66

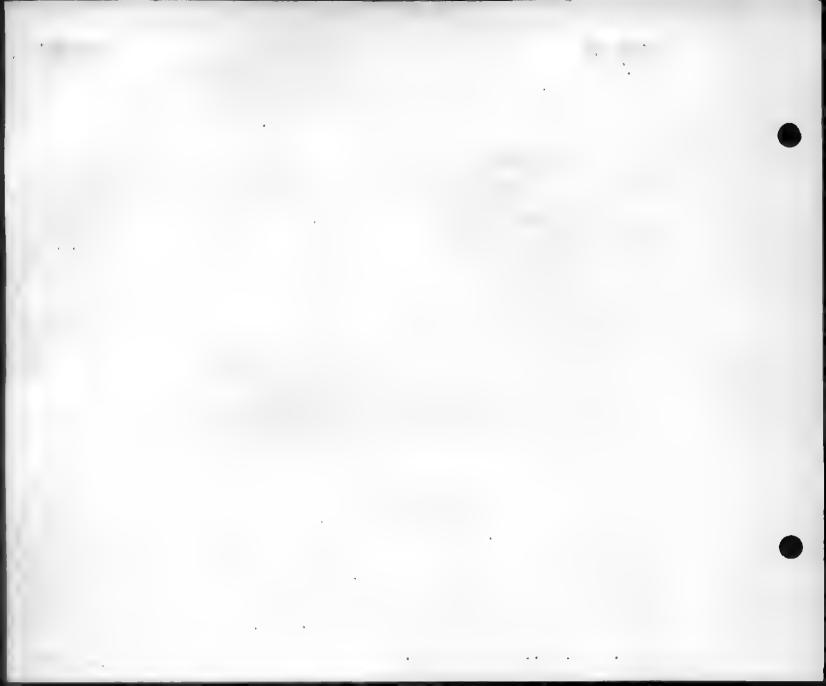


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physicion.

2

VR A15 (4) 20 M 1/66

	16046	CERTIFICATE	OF DEATH	,	16047
	PLACE OF DEATH			there deceased lived, if institution. Residen	ce before admission)
	o. COUNTY Prince George's	MARYLAND:	o. STATE Marv]	and Prin	ce George 's
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	c LENGTH OF STAY IN 16		side corporate timits, write RURAL and give	nearest town)
	write RURAL and give neorest town)	11 hrs.	Aquas	1/	/
	Cheverly d MAME OF HOSPITAL OR INSTITUTION (If not so haspital,		d. STREET ADDRESS	76.7	e IS RESIDENCE
	Prince George's General		Box 7	77	ON A FARM? YES NO
3	NAME OF First	Midale	Lost	4 DATE Manth	Day Year
	DECEASED (Type or print) Baby	Bov- A -	Douglas	Of DEATH november	5. 19 66
S	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (n years IF UNDER	YEAR IF UNDER 24 HRS
	Male Colored WIDOWED	DIVORCED T	Nov. 4, 196	last birthday) Months yrs.	Days Hours Min.
	USUAL OCCUPATION (Give kind of work dane 10b K)	ND OF BUSINESS OR	11 BIRTHPLACE (County	& State or foreign country) 12 CI	ZEN OF WHAT
qn	ing most of working life, even if retired) IN	DUSTRY		orge's, Maryland (0	UNITY'S.A.
13	FATHER S NAME	4 7 4	14. MOTHER'S MATDEN N		
1	Unknown			e Douglas	
15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, na, or unknown) (If yes give war ar dates of service)		NFORMANT andmother	Mary Douglas - As	above
	18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(a), (b), and (c).) Believed (ulitielases		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave) (b)	Dremateuty	(800 g	ms.)	
	rise to immediate cause (o), stating the underlying cause lost.	Twin Pr	(many		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in l	Port I ar Part II of item 18)	
MEDICAL			CE OF INJURY (Home, farm ory, street, affice bldg., etc.)		unty) (Stote)
	21. I certify that (1) (this haspital) atten	ded the deceased fram	Nov. 4	9 66, to Nov. 5, , 196	6 , that (I) (we) las
	saw the deceased alive an Nove 5	Types, and that	t death accurred at	7.50 M, fram causes and an t	he date stated abave
	22a. SIGNATURE	10 12	ATTENDING	MED. AM STAFF 22b. D.	ATE SIGNED
Ш	1810	M.I). PHYS.	DIRECTOR PHYS. X 11/	7/66
		nardo Alvarado	D. 22d. ADDRESS 6201 Ri	verdale Rd., Riverd	ale, Md.
23	D. BUR AL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
1	REMOVAL (Specify) 11/12/66	Prince George'	s Gen. Hosp		Maryland
2	FINAL DIRECTOR		erly 250. REC'D	BY REGISTRAR 256. REGISTRAR S S	IGNATURE
H		trator. Mary		OV 16 1966 20 10	when Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16047 CERTIFICATE OF DEATH be executed within 24 hours ofter deoth 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH funerol **b** COUNTY a. COUNTY Prince Georges MARYI AND Marvland b CITY OR TOWN (F autside carporate limits. by the fi CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) lease remove carbon papers. Page ond in any event, within 72 hours 30 hrs Cheverly Aguasco 듶 d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled YES NO Prince Georges General Hospital Box 77 DATE 3. NAME OF Middle Last Year completely DECEASED (Type or print) OF DEATH Douglas Nov 66 -B Baby Bov IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED Nov. 1966 Male Negro 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCL PAT ON (Give kind of work done during most of warking life, even if retired) INDUSTRY COUNTRY? pleose physician Prince George's. Maryland U.S.A The low requires that the death certificate 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremotian, or removol, ottending phys Unknown Louise Douglas INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give war or dates of service) Grandmother -Marv Douglas -As above INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the ONSET AND DEATH burrak-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) yd bangis O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspitol or attending physicion. DUE TO buriol Canditians, if any, which gove rise to immediate cause (o). DUE TO stating the underlying cause os the of Health prior ta mau a last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES EAT NO TO FUNERAL DIRECTOR: After this certificate ō 20g ACCIDENT WAS UNDERLYING [3] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept MEDICAL 20e, PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or tawn) (County) (Stote) Haur p.m. While Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (1) (this hospital) attended the deceased from Nov. 4 . 19 66 toNov. 6. 1966, that (I) (we) last director, page 3 should should be filed with the sow the deceased alive an Noy. 6 and that death occurred at 3.00 MMrom causes and on the date stated above. 22a SIGNAPURE 22b. DATE SIGNED 11/7/66 PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S. D NAME [Type] Bernardo Alvarado Riverdale Rd. Riverdale. 6201 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION (County) (State) Cremation Prince George's Gen. Hosp 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Cheverly VR A15 (4) 20 M 1/66 Maryland DATE

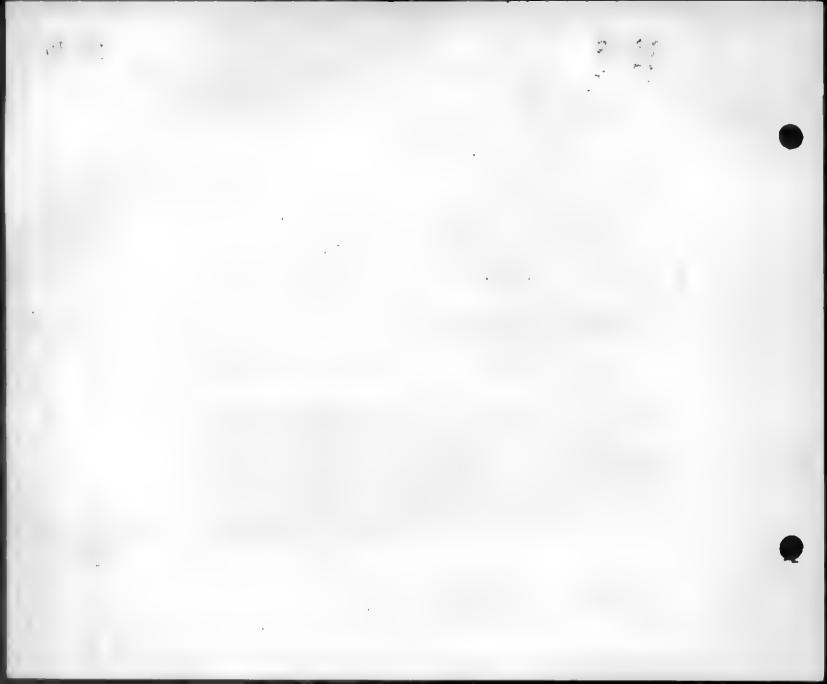


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16048		CERTIFICA	TE OF DEATH		11	6049
	ce Georges	MARYLAND	a. STATE Maryl		Prince Geo	orges
b. CITY OR TOWN (II write RURAL and Che	outside corporate limits, give negrest town) verly	8 HBS	Aquas	utsi <mark>de ca</mark> rparote limits, wr CO	ite RURAL and give neo	rest town)
	L OR INSTITUTION (If not in haspit		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3. NAME OF	Georges Genera	AI HOSPITAL Middle	Box 7	4. DATE	Month D	YES NO X
DECEASED (Type or print)	Louise		Douglas	OF.	Nov., 4	Doy Yeor 19 66
S. SEX	6. COLOR OR RACE 7 MARR		8 DATE OF BIRTH	1934 9 AGE (In ye	ears I I UNDER I YEA	IR IF UNDER 24 HRS.
Female	Negro WIDOW		20 May.,	XHXH 32	Yrs.	
100. USUAL OCCUPATION during most of working In 13. FATHER'S NAME	e, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	0 . /	R State or foreign country	Md. 12. CITIZEN COUNTR	OF WHAT
Boper	- Dougla	ss	Mary	Thomas		
1S. WAS DECEASED EVER (Yes, na, or unknown) (IN U.S. ARMED FORCES? If yes give war ar dotes of service)		7. INFORMANT / Jeanara Do	1	Address GUCISCO,	Maryland
Canditions, if ony, rise to immediate stating the under lost.	which gove (b) (b)	Intha Cerebra bilaliral hummhie	w/ In	traventu en	ular	INTERVAL BETWEEN ONSET AND DEATH
CATION						PERFORMED? YES NO
	CAUSE OF DEATH	o. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port 11 of item	18.)	
20c. TIME OF INJUI	W		PLACE OF INJURY (Home, for foctory, street, affice bldg, etc.		wn) · (County)	(State)
21. 1 certif	that (I) (this haspital) at	tended the deceased from	that death accurred a	19 <u>66</u> , to	-4-, 1966	that (I) (we) las
220. SIGNATURE	Waraw	1735, 010	M.D. PHYS	MED. STAFF	22b DATE SI	IGNED
22c. PHYSICIAN S NAME (Type	I. MARIAN	10, M.D	22d. ADDRESS	GGH.	·	
230 BURIAL, CREMATION REMOVAL (Specify)	1, 23b. DATE THEREOF		Ch. Cometer	// // // // // // // // // // // // //	oun Cha	o.Co.md.
24 FUNERAL DIRECTOR	el adams	address of	MOV. 300	D BY REGISTRAR 2	Sb. REGISTRAR'S SIGNAT	TURE Luckar

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the death certificate be executed mithin 24 haurs mitter math.

Page 4 may be retained by the haspital ar attending physician.



1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	DITIOI	01	SIMILALIENCE	172241117		,				-
604	9				C	ERTIFIC/	ATE	OF	DEAT	H

	19053	CERTIFICATE	OF DEATH		16050
	PLACE OF DEATH			re deceased lived, if institut an Ri	
-	o. COUNTY	MARYLAND	o. STATE	b. COUNTY	11.441 9:11.4
	CITY OR TOWN (If autside corporate limits,	C. LENGTH OF STAY IN 16	c CITY OR TOWN (IF outset	le corporate limits, write RURAL an	nd give neorest tawn)
1	write RURAL and give necrest town)		0		15.
Ŀ	ynttsville.	9 YEARS	d STREET ADDRESS	erg	e IS RESIDENCE
1	INAME OF HOSPITAL OR INSTITUTION (If not in has	sirol, give street oddress)	G SIKEEL MONKESS	1 4	ON A FARM?
		A SAlle Rul.		ed. Ave.	YES NO
	NAME OF First DECEASED	Middle	Lost 4	OF Month	Doy Year
	Type or print) Joseph	J	LUGGAN	DEATH VOV	18 1966
5 :	SEX 6. COLOR OR RACE 7 MAR	RRIED NEVER MARRIED 18	DATE OF BIRTH		INDER 1 YEAR FUNDER 24 HRS.
	M W WIDO	OWED DIVORCED J	AN. 22, 1878	8 8 yrs.	This Days Hours Hill.
	USUAL OCCUPAT ON (G.ve k nd af wark done	Ob. KIND OF BUSINESS OR	11 BIRTHPLACE (County & St	rate, ar foreign country)	12 CITIZEN OF WHAT COUNTRY?
JUI	ng mast of warking life, even if retired) Sex€aw	INDUSTRY	ENGLAND		U.S.A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	1E	
4	Durane!		ANN LARK	1 1	
K	WAS DECEASED EVER IN L. S. ARMED FORCES?	I 16 SOCIAL SECURITY NO. 17. III	NFORMANT	Address	M /
(Ye	s, na, ar unknawn) (if yes give war or dates af service		5 M 1	1 4 11	0 / 11 100,
_	No.	214141140	JR. III. LUHE	. 4922 La Dalle	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter on y one cause per iii PART 1 DEATH WAS CAUSED BY	0	. //	+ III	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	CONGESTI	Ve Fleo	W/ /AIIURE	= 10 m
	4200 DUE TO	011.1	/ //	477	
	Conditions, if ony, which gave) (b)	(LATRAIDSC/E.	rotil Mea	VT Wiseasc	= 10 Mrs
	rise to immediate couse (a), stating the underlying couse DUE TO	*	•		/
	last. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19 WAS ALTOPSY
2	-			, ,	PERFORMED? YES NO 100
5	20g ACCIDENT WAS UNDERLYING ☐ 2	05 DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part	t Lot Port II of item 18)	10 7
EK .	OR CONTRIBUTING 🗀 CAUSE OF DEATH	US DESCRIBE HOW HOURT OCCURRED. (titles training of training in Foli	1 of Fall II of Ben 10.7	
7	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20 HILLIAN OCCUPATE AND BLACK	F OF INDIDA (I)	20f. (City or town)	(Carrella) (State)
ž			E OF INJURY (Home, farm, iry, street, office bldg , etc.)	20f. (City or town)	(County) (State)
£	p.m. 19	at work U ot work U	1 1	/	11
	21. I certify that (I) (this haspitel)	attended the deceased fram	Jugust, 19	, , , , , , , , , , , , , , , , , , , ,	, 19 <u>66</u> , that (I) (** e) last
	saw the deceased alive on	19 <u>6</u> ond that	death accurred at		on the date stated above.
	220. SIGNATURE		ATTENDING ME	D STAFF	2b. DATE SUBNED
	-Willia . 2	accarde M.D	PHYS DIR	RECTOR PHYS	11/18/66
	22c. PHYSICIAN'S		22d ADDRESS	M. Jaulle	They Do
	NAME (Type) MINIAM	DALCARDI	1150 DIVIN	Mrc. 1110 K	MIN DC
23c		234. NAME OF CEMETERY OR C	REMATORY	23d-10(AT ON (City or Town)	(County) (State)
	STHOUGH (Consult) C C C	6 1/100	2-1	facturetee.	of monly mul
24	FUNERAL DIRECTOR TIMES & G. GA	runer ADDRESS	250 REC'D BY		
	(Breent Soll	artun Va	etter DATE 1	10V 2 2 1966	Michaeles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paystran and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then been remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



ă

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	1
	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
16051	CERTIFICATE OF DEATH	1605

	16051 CERTIFICATE OF DEATH	2
4	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before COUNTY)	re edmission)
	b. City Or TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give perfect)	
1	MADISON MANOR NUPRING HOME NO 3325 Lancer Charle YES 3. NAME OF SUN AND HOME NO BOY West 14. DATE Month Day	S RESIDENCE ON A FARM?
	(Type or print) RUST ELSEA DEATH TOV The	1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNI WIDOWED DIVORCED DIVORCED Annual Months Days Hour	DER 24 MRS.
İ	10e. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck farm 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHA 11. S. A.	AT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lower A Elsea Lower A Elsea	_
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give wer or detes of service) 228-03-99544 Murring Home Keerice Hypellandle	Ind.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEEN ND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which by the condition of	ur -
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PE 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S ALTOPSY REORMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) While Not While of work st work st work st work	(State)
	21. I certify that (I) (this hospital) attended the deceased from 1966, to 166, to 1966, that (I saw the deceased alive on 1966, and that death occurred at 3 P.M., from the causes and on the date state	
	ATTENDING MED. STAFF DIRECTOR DHYS. TOT M. 1	226. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) DONALD C. F.DOKEN 22d. ADDRESS Hystrolle mal	
	230. BURIAL, CREMATION, 23b. DATE THEREOF 230: NAME OF CEMETERY OR CHEMITORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Nov 29, 1966 Greenful Cemetery Berryville Charles	(State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLE NOV 29 1966 That I Suchia Date NOV 29 1966 That I Suchia Date NOV 29 1966 The Suchia Date NOV 29 1966 The Suchia	ndge

VR A15 (4) 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .

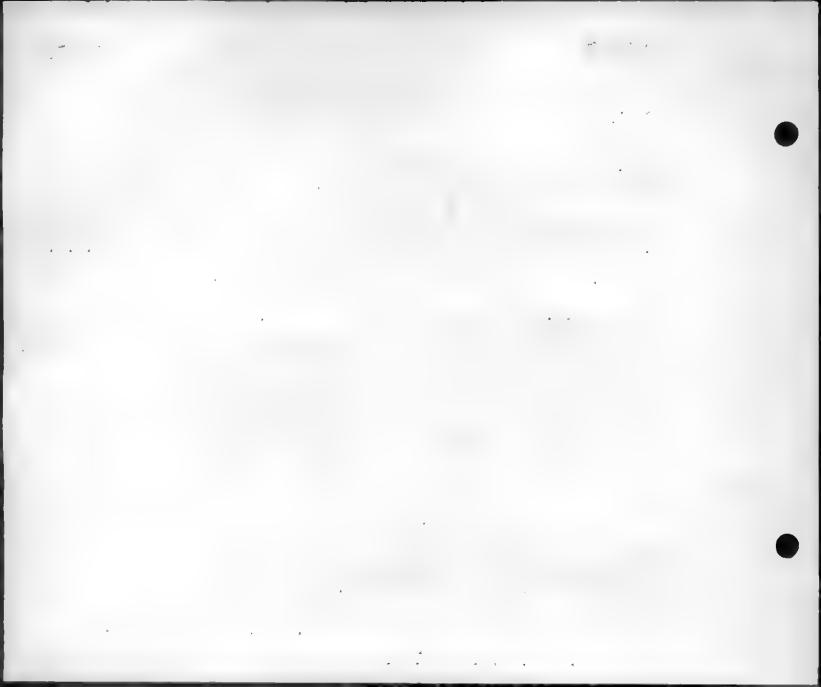
je.		١.	5	V
F	OF	3	TATE	_
HE	AL	TH	DEF	T.
S	0	Φ.	4-	ċ.
20	~~~	Pag	tu.	eat
0	72	~·	- E	O

ne State Departm 72 hours after

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death

The funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along the funeral director. Page 3 should be used as a burial-transit permit. File pages 100 Ce along the color of the chief Medical Examiner's Office along the color of the chief Medical Examiner's Office along the color of the chief Medical Examiner's Office along the color of the color o	8 E E		(Type or
The funeral director, please execute the certificate, writing the word pending the funeral director. Page 4 shauld be forwarded to the Chief Medic 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permitted of the chief medical transit permitted in the designated agent, prior to burial, cremation, or remark and the control of the c	Office along	10a	Male LSLAL
24 FUNER	Sing in pencil in edital Examiner's sermit. File pages naval, and in any	13.	WAS DE
24 FUNER	ssary, please execute the certhicale, writing the wala pent uneral director. Page 4 shauld be farwarded to the Chief M by be retained far yaur files. NEKAL DIRECTOR: Page 3 should be used as a burial-transit p in at its designated agent, prior to burial, crematian, or ren	MEDICAL CERT F CATION	Conditions to stating last. PART II 200 E: PRIMAR CAUSE (200 TI) 21. dec ACTUA SIG NATEXAMIENAME
VR A15ME (5) 24 FUNER JOSE 50 3 (the f 5 mg 70 FUI	230	BURIAN REMOV
	VR A15ME (5) 6M 1/66	24 F	FUNER OS E

16052	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	16053
PLACE OF DEATH a COUNTY			Where deceased lived, if institution	
Prince George's	MARYLAND	o state Marvland	6 (QUNI 3 Pri nc	ce George's
b CTY OR TOWN (If outside corporate limits.	C LENGTH OF STAY N 16		Iside carparate limits, write RUR	
write RURAL and give nearest town) Cheverly	12 minutes	Colmar Ma	212.029	124.1
d NAME OF HOSPITAL OR INSTITUTION (If not in h	asp to give street oddress)	d STREET ADDRESS	31101	e IS RES DENCE
Prince George General		3612 39th.	Avenue. Apt 31	ON A FARM? YES NO X
NAME OF First	Midale	Lost	4. DATE Month	
(Type or print) Maurice	LeVern	Evans	OF DEATH	8 19 66
110001		B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
144	<u> </u>	76 N 707/	last birthday)	Manths Days Hours Min
Male White work done	10b. KIND OF BUSINESS OR	28 Nov. 1916		12 CIT ZEN OF WHAT
Blue Print Operato		,	. ,,	COUNTRY 2
. FATHER'S NAME	T. T.T.A.F.E.	Marylan 14. MOTHER'S MAIDEN		U.S.A.
William Edgar Evan			Bland	<u> </u>
5 WAS DECEASED EVER IN U.S ARMED FORCES? 'es, ng_ar unknown) {(If yes give war ar dates af serv	ice)	NFORMANT	Addres	
Yes W.W. II	577-07-4189 I	oretta V.	Evans - See	Item #2
IB. CAUSE OF DEATH (Enter on y one couse per PART I. DEATH WAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH
1MMED ATE CAUSE (o)	Active pulmonary to	uberculosis		over 2 yrs.
O C Z DUE TO				
Conditions, if ony, which gave (b)				
stating the underlying cause DUE TO				
last. (c)				
PART II OTHER SIGNIF CANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?
				YES TO NO
20a EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in	Part I or Part II of item 1B.)	
PRIMARY or CONTRIBUTING CAUSE OF DEATH				
20c TIME OF INJURY Month, Day, Year		CE OF NJURY (Hame, form		(County) (State)
Hour om	While Not While of foctor	ory, street, affice blag., etc.)		
21. I certify that I took charge of		ld on Autonsy 🖼	Inspection , Inqui	ry 😿 , ond in my opin o
deoth resulted from: Natural xo		ide Homicide		
	, sold	CHIEF MED CAL	<u> </u>	(Hitti
SIGNATURE HOLD	Kehr		CAL EXAMINER	22. DATE SIGNED
		TEDLITY MEDICA	AL EXAMINER 🏝	22 4 //
NAME (Type) John Kehoe, M.D.	. Riverdale, Md		, city, town, ar county)	11-8-66
O BURIAL, CREMATION. 236 DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Tow	rn) (County) (State)
Burial 11-12-19	66 Arlington N	Vat. 17. Gem	Arlington.	Va.
4 FUNERAL DIRECTOR ,	ADDRESS	2So. REC'E	BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
Joseph Gawler's Soi	as, Inc.	DATE N	OV 14 1956 &	Charles Judge
vervultiga vee "VCe IVe				



Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OF DEATH

1 0

1	6	0	5	3

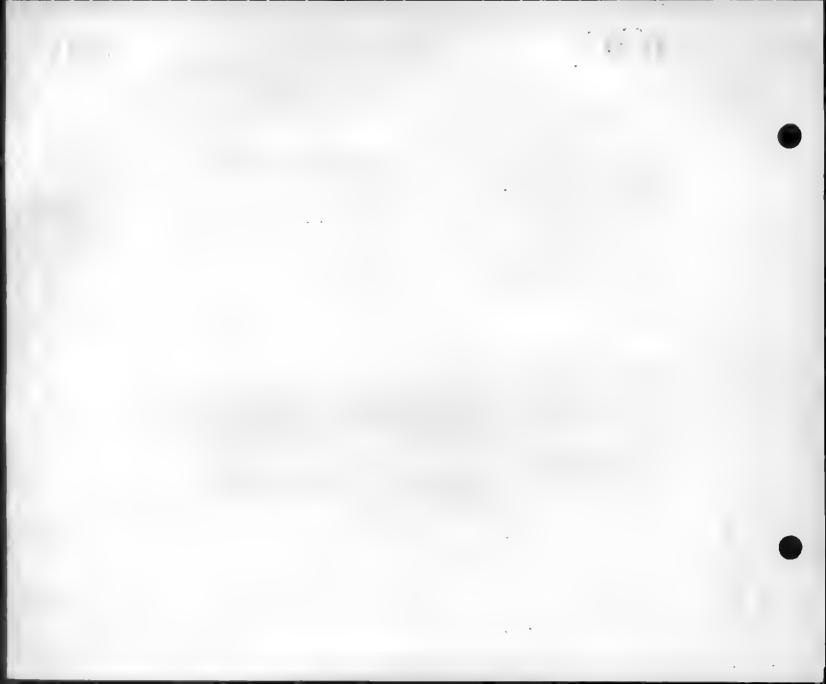
CERTIFICATE OF

1 COE A

TO	000		CERTIFICATE	OI DEMIII			01134	
	OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institu	tion: Residence	before admission)
o. CO	PRINC	E GEORGES	MARYLAND	o STATE MARYL	AND b. cou	PRINC	E GEORGE	ES
P CIL	OR TOWN (If outside	corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write RU	IRAL ond give	neorest town)	
F	ite R. RAL and a ve ne OREST HEIO	GHTS		FOREST	HEIGHTS		161	
d NA	WE OF HOSPITAL OR IN	ISTITUTION (If not in h	ospitor, give street oddress)	d STREET ADDRESS			e IS RESIDEI ON A FAR	NCE
12	5 ROLPH DE	RIVE		125 ROLPH	DRIVE			io 🔀
NAME		First	Middle	Lost	4 DATE Mor	th	Doy Year	
DECE/	or print) CA	ARRIE B.	FEIGHT		DEATH NOVE	ABER 1	19 €	
SEX	6 (OL	OR OR RACE 7 M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	876 9 AGE (n years lost b rithdoy)	IF UNDER 1	YEAR IF UNDER 2 Doys Hours	Min.
'EM	ALE WHI	ITE W		FEB. 24, 19				251111
	L OCCUPATION (Give xi		10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)		IEN OF WHAT	
UOL	SEWIFE		ALCONE	PENNSYLV	The state of the s		USA	
FATH	ER S NAME			14. MOTHER'S MAIDEN	NAME			
	WILLIAM				IRA PALMER			
WAS	DECEASED EVER IN U.S	ARMED FORCES? ve wor or dotes of servi		IFORMANT	Addi	ress		
NO	,,,,,,		ELA	MIRA KXKM P	HEASANT 125 RO	OLPH DR	IVE	
18,	CAUSE OF DEATH (En	ter only one couse per	time for (o), (b), and (c).)	~	1		INTERVAL BETWO	
	In In	AMEDIATE CAUSE (o)	Mymardial	unjoise	un_		ONSE - AND DEF	1111
	1201	DUF TO	0	0 VI-	1 Cil			
rise	litions, if any, which g to immediate couse	(0)	arigedive 1	wary	auruse			
	ng the underlying co		Grunali zed	aption	addense.			
PAR 200 OR C	T II OTHER SIGNIFICAN	IT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(0)		19. WAS AUTOP PERFORMED)?
20-	ACC DENT WAS UNDER!	VINCE	205. DESCRIBE HOW INJURY OCCURRED (I	Fotor poture of joines in	Port I or Port II of item 10 i		YES N	° <u>Г</u>
QR C	ONTRIBUTING CAUS	F OF DEATH	ZVD. DESCRIBE HOW INDUKT OCCURRED (I	riner noine or sulnik lu	ruir tui ruii il ot nem (6.)			
<u> </u>	TIME OF INJURY MODICAL		20d INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, for	n, 20f. (City or town)	(Coun	tul (Str	ote)
201.	Hour om.		While Not While focto	ry, street, office bldg, etc.		10000	.11 (311	/
-	p.m.	19 (I) (this basnital)	otwork otwork) attended the deceased fram		19, ta	10	_, that (I) (w	o la
	z i. I certify inat saw the deceased		1941, and that					
	SIGNATURE					22b. DAT		
P	Juelam	in Male	luado 1, MO	ATTENDING PHYS	MED. DIRECTOR D STAFF C			
220	PRYSICIAN'S -	7	Maldayall T M	22d ADDRESS	~~ 772/	1 e-	- 1	
_	NAME (Type)	en thrun	MHICONTINONE 11/1)	7/1/2	15 /kig,	4 ts	Mid	
o BUR	RIAL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or To	own) (0	County) (Sto	te)
	KTAL (Specify)	NOV. 4,	1966 EVERETT CEME			NNSYLVA		
24 FUN	ERAL DIRECTOR ROS	BERT E WIL	HELM ADDRESS		D BY REGISTRAR 25b. R		MATURE	
		VERAL HOME		AD DATE N	OV 4 1966	Jelian	Cas Jung	~

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please rethank carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it ago, event, within 72 hours ofter depth Page a may bar retained by the hospital or attending physicion

VR A15 (4) 20 M 1/66



tems 1d Film 384 12-23-6 SMARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived funst tution Residence before admission) o. COUNTY g. STATE b. COUNTY Prince George death. Prince George MARYLAND b CITY OR TOWN (If outside corporate mits. CLENGTH OF STAY IN 16 c CFTY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter (Riverdale DOA Edmonston d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE hours olong with form Leland Memorial Hospital 910 49th NO -v 3 NAME OF Middle 4 DATE DECEASED Alva / Wallace Fife DEATH (Type or print) AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED 26 Nov. Office 1920 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY COUNTRY? U.S. STEAMETTTER MASS. pages in any Chief Medical Examiner 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME File CLYDE FIFE FLOSSIE UHLMAN 1S WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT certificate should be executed Address LANDOVER. (Yes, no ar unknown) (If yes give wor or dotes of service removal, 577-38-1116 AUDREY FIFE 5440 85TH. AVE. World Ll 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema ō IMMEDIATE CAUSE (a) cremation, DUE TO Heart Failure Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 0 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? NO 20g EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part Lor Port Lof Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not Whe Whe at work of work designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inspection v. Inquiry and in my apinion the funeral director. deoth resulted from. Notural couses X. Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be 100 FUNERAL Health or 1 DEPUTY MEDICAL EXAMINER 3 10-3-66 **EXAMINER'S** John Kehoe, M.D., Riverdale NAME (Type) Address (Street, city, town, or county) 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Sity or Town) 230 BUR AL CREMATION (County) 250 REC D'BY REGISTRAR 2Sb REGISTRAR S GNATURE VR A15ME (5) 6M 1/66

FOR STATE HEALTH DEPT.

O DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execut.

Please execut.

Granificate, writing the word "pending" in per in item 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. THEREAL PROPERTY AND THE STATE OF SHOULD BE USED BY BUILD STREAM, OF FEMORES, and In the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in the agent within 72 hours after death. TO DEPUTY MED VR AISME 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16055
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
16056

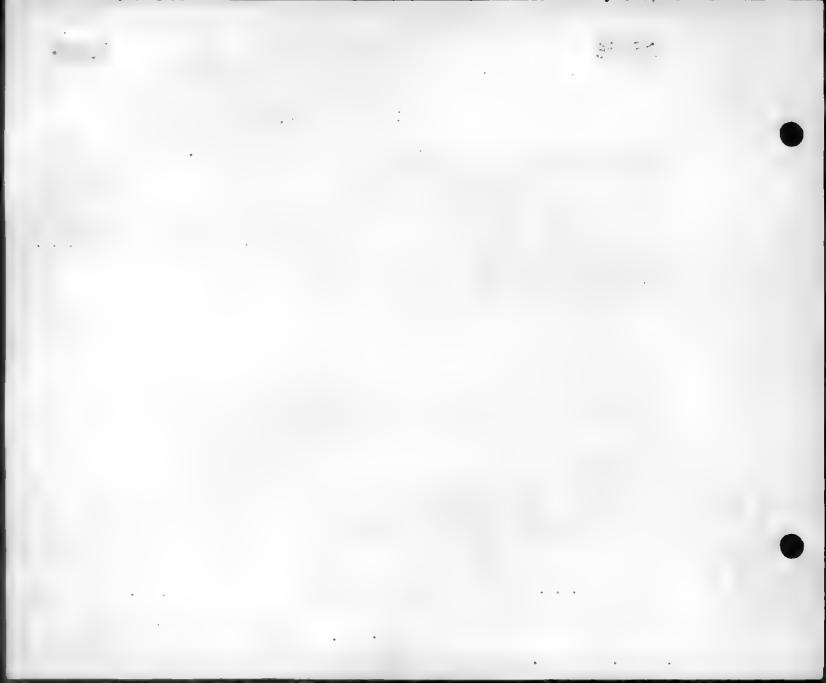
		10000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R e. STATE b. COUNTY	tesidence before admission)
	Md. Pri	nce George
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)		and give nearest town)
Cheverly 28hrs	Forestville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	d. STREET ADDRESS	e. IS RESIDENCE
and the state of t	, and the state of	ON A FARM?
Prince George General Hospital	7191 Ritchie Rd.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF 17	25 Yeer 66
(Type or print) Nelson Howard	Ford DEATH DEE.	1987
	D DATE OF DIDTH 10 ACE (In years CIIMDED	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months	Devs Hours Min.
M Negro WIDOWED DIVORCED	1 Dec., 1937 8 yrs.	
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR		ITIZEN OF WHAT
Quring most of working life, even if retired) INDUSTRY	C	OUNTRY?
/ Ruck driver	10101	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7 1 1 1 1 1	0 41 11 1/ 1	0
Joseph + + + ORd	KUTh MIARIE HARPER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	. INFORMANT Address	Wish. 27,0
(Yet, no, or unknown) ((If yet give war or dates of service)		
218-34-1072 5	oseph 7. FORd-FATHER-1104 Ritcl	nie Koy
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
BARRA BARRA BARRA BARRARA BAR	authorized hamatana	28 hrs.
IMMEDIATE CAUSE (e) ACUTE	subdural hematoma	Z8 nrs.
DUE TO		
/		
Conditions, if any, which gave rise to immediate (b)		
cause (a), stating the DUE TO		
underlying agus fact		
(0)	LATED TO THE TERMINAL DISEASE CONDITION CIVEN INDIANT I(a)	119. WAS AUTOPSY
	THEO TO THE TERMINAL DISEASE COMPLITION GIVES HILVARI T(S)	PERFORMED?
		YES NO
20a. EXTERNAL CAUSE WAS 7 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in Part I or Part II of Item 18	3
PRIMARY TO OF CONTRIBUTING D	Activities (Entra mergin at milat) at tall at the state of the	
CAUSE OF DEATH. Driver of car	which went off road and hit po	le.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl		unty) (State)
Hour Xacis Table While Not While of fac	tory, street, office bldg., etc.)	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING D CAUSE OF DEATH. 206. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PI fac While Not While X We.	stphalia Rd Forestville P	.G. Md.
21. I certify that I took charge of the remains described above, h		and in my pointon
21. I certify that I took charge of the remains described above, in		-
death resulted from: Natural causes , Accident/ x, S	luicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL ACTUAL	CONTACT AND ADDRESS OF THE PARTY OF THE PART	22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S John Kehoe, M.D., Riverdal	MA DEPUTY MEDICAL EXAMINER	1-26-66
EXAMINER'S John Renoe, M. D., Riverdald	Address (Street, city, town, or county)	1-20-00
		unty) / (State)
23a. BURIAL, CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETE	RT OR CREMATORT 250. ECONATION (CITY, TOWN OF CO	1 1 1 1
111-30-66 Harmon	ell Highland Mu	ch. Mill
24. FUNERAL DIRECTOR ADDRESS		'S SIGNATURE
11/2/10 1 1-14 1-6-111 11 11 12	10	4 0
143 Washington 7 sas 4925 Relieve Ule R	DATE DEC 1 1966 Police	rley Judge
		0-0-



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16056 CERTIFICATE OF DEATH 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an PLACE OF DEATH physician and completely filled in by the funeral on please remave carban papers. Pages Lend Prince George's b. COUNTY, DELS a COUNTY Maryland MARYLAND rince b. CITY OR TOWN (It outside carporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag hin 72 haurs write RURAL and give nearest tawn)
Cheverly Edge wat 45 minutes e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 Prince George's General Hospital /Columbia Ave YES NO TE requires that the death certificate be executed within 3 NAME OF Middle 4. DATE Manth Doy Year DECEASED Baby Foster (Type or pnnt) Boy DEATH 30 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 5 SEX 9. AGE (In years F UNDER 1 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ast birthday) Manths Doys Hours WIDOWED DIVORCED Male White 11/30/66 10a JSUAL OCCUPATION (Give kind of work dane during most of working life; even if refired) 11' BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 106_KIND_OF_BUSINESS OR COUNTRY? U.S.A. INDUSTRY Prince Geo., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaya Steven Gilmer Foster Donna Darlene Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY - IMMEDIATE CAUSE (a) þ DUE TO burial, . ste real Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO attending p has been stating the underlying cause as the last. use as WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/61 PERFORMED? CERTIFICATION this certificate Þ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form) (City or town) (County) 20c TIME OF INJURY Month, Day, Year Haur o.m. Not While factory, street, office bldg. left.) While at work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 11/30 saw the deceased glive an 1966 and that death 1966 , to 11/30 19<u>66</u>, that (I) (we) last 4 may be retained and that death accurred at 7:30 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE, SIGNED 22g SIGNATURE STAFF PHYS DIRECTOR M.D. PHYS eq director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. H. E. Altman 2025 Eve St. Wash. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. 23b. DATE THEREOF (County) Cheverly, Maryland Gen. Ho 25a. REC'D BY REGISTRAR inely VR A15 (4) - 20 M 1/66 V DATEDEC Penzi.

MARYLAND STATE DEPARTMENT OF HEALTH

Item 2 See birth cert.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	TATE.	,		1605	7	MED	ICAL EXAMIN	NER'S (ERTIFICATE	OF DEATH			1605	57
EALTH	DEPT			LACE OF DEATH	*				2 USUAL RESIDENCE	(Where deceased			before odmiss	ыол)
oy is 3 to Poge	节	mark!		COUNTY Pr	ince Georg	e1s	MAR	YLAND	o STATE Marvland		b. cour	nce Ge	orge s	3
ny deloy is 2, ond 3 to PM3. Poge	dea			. C TY OR-TOWN (if outside corporate m		c LENGTH OF STAY	h 1b ·	C CITY OR TOWN (If	outside corporate l				
ly del 2, ond PM3.	art n Ter			Chever			DOA		Lanham			16	1	
	s of		-	, NAME OF HOSP T	AL OR INSTITUTION (IF n	ot in hospitol,	give street address)		d STREET ADDRESS		*		e IS RES	DENCE FARM?
es 1, form	te Department of Jours ofter death.	71		Prince G	eorge Gene	ral Hos	spital		6007 85th	Place				NO 🔀
hours after death I Item 18. Give Pages Office along with for	120	\		NAME OF		irst	Midd e		Lost	4 DATE OF	Mont	h	Doy Y	'eor
ive ive	\ 		. (Type or print)	Geor		A		oster	DEATH	11		17 19	
afte S. G. Blon	lond2 with a		5 !	ŀΧ	6 COLOR OR RACE	7 MARR-ED	No.	-	DATE OF BIRTH		GE (n years ist birthday)		FAR FUNDI	ER 24 HRS
urs n 18	ond2 v			le	White	WIDOWED			5 June 19			10 100		
	eve		duni	asual occupation	i (Give kind of work done life, even if retired)	10b K	IND OF BUSINESS OR IDUSTRY ISTICAL DEP	-	11 BIRTHPLACE (Stot	9	4.7	12 CITIZ	EN OF WHAT	
24 in l er's (poges 10	H		FATISTIC	MAH	STAT	ISTICAL DEP	1. U.S.	14 MOTHER S MAIDEN	AROLI	· · · · · · · · · · · · · · · · · · ·		0,5	
within pencil xamine	90 ⊑		113.	J.ERON	E FOST	30				SWE	BB			
d wi	File	ŀ	15		R NUS ARMED FORCES?		SOCIAL SECURITY NO	17 tN	FORMANT	3 00 1-	Addre		.44	
be emecuted "pending" in ief Medical E	used os a burial-tronsit permit. burial, cremotion, or removol, a				(If yes give wor or dotes	of service)	NONE	BE	SSIE T. F	OSTER	SÃA	ÄR AS	3 492 2	
e e e e e e e e e e e e e e e e e e e	sit per				ATH (Enter only one co TH WAS CAUSED BY:		1 10 1 10 111						ONSET AND	
d the	ron;	- [IMMEDIATE CAUSE		rt failure						minute:	<u>s</u> .
word the Ch	burial-transit motion, or re			Conditions, if ony,	DUE which gove 1		eriosclero	tic h	eart disea	se		1	unknow	n
he h	bul mo			rise to immediat	e couse (o), ((b)								
ng t	os a I, cre			stoting the under	riying couse	(c)								
This certificate should cate, writing the word oe forwarded to the C	used c		NO	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CO	ONDITION GIVEN IN	PART I(o)		19 WAS AU PERFORI	TOPSY MED?
his onte, e fo	5 e	0	S	00 000000000000000000000000000000000000	Her was								YES	NO E
IMER: This certificate ∎hould be e≣ecuted within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's	our mes. age 3 should agent, prior		MEDICAL CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b DE	escribe how injury o	CCURRED (E	nter noture of in ary in	Post or Post II	of Item (8)			
the c	3 sh		EDICA	20c TIME OF INJU-	JRY Month, Doy, Yeor		NJURY OCCURRED Not While of work	20e. PLACE	OF INJURY (Home, for	rm, 20f (C	ty or town)	(conu,	(Y)	(Stote)
te i	your Poge od age		Σ	р.г	n. 19									
execute	I RECTOR: Podesignoted				y that I took chorg								ond in my	apiniai
e ey				death result	ed fram: Natur	of couses [X	🗐, Accdent 🔲	, Suicid	The state of the s	e 🔲, Unde		anner 🔲		
pleose direct	rerdin			ACTUAL SIGNATURE	John	7/	el -1)			L EXAMINER	_		22. DATI	E SIGNED
O DEFUTY necessary, I the funeral	0 X 0	2		EXAMINER'S NAME (Type) JC	hn Kehoe,	M.D.	Riverdale	, lid.		CAL EXAMINER 🗽 et, city, town, or c			11-17-	-66
To III	Co FUNE Health		230			EREOF .	23c NAME OF CEMI				ON (City or Tov			(Stote)
			74	FUNERAL DIRECTO		- 1 G U	ARLINGTO	NIXA	DA 250 PER	D BY REG STRAR	VG. TON	GISTRAR S S G	NATURE	
VR /	A15ME (5)	ı	ix	III. Ex	ram ber	1 600	Giverel	ale.	Mal	NOV 2 2	1856		relas Os	de



pages I and 2 with the State Department of

File p gud

in any event within 72 hours offer death.

Grey delay is

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101198							
1 PLACE OF DEATH a COUNTY					2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) o. STATE b. COUNTY							
		nce George	1.0	MARYLAND	o. STATE Marvla	r gomei	WATE .	V				
-	b CITY OR TOWN (f outside corporate limit give nearest town)		C LENGTH OF STAY IN b	CCITY OR TOWN)wn)	
	Riverda	le		DOA	Silver	Spring				15-	,	
		AL OR INSTITUTION (If I	, ,	ive street address)	d STREET ADDRE	SS				1	S RESIDE	RM2
_		Memorial Ho			115007 Pe							
3	NAME OF DECEASED	F	rst	Middle	Last	4 DA		Month		Day	Year	
	(Type ar print)	Edwa	ird	A	Fowler		ATH	11		7	19 6	
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE OF BIRTH		9 AGE (In	yeors	F UNDER		UNDER	
	Male	White	WIDOWED		Oct 22,		last birt 84	A12	Manths		Haurs	Min,
di	ring most of working Painter	I (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY e of Md	11 BERTHPLACE	(State or foreignarles C		Md		IZEN OF W	HAT	
1.	3. FATHER S NAME	enry Fowle	r		14. MOTHER'S M.	AIDEN NAME INKNOWN						
î	S WAS DECEASED EVE	R IN U.S. ARMED FORCES	2 16 9	SOCIAL SECUR TY NO 17	INFORMANT			Address				
		(If yes give war ar dates	af service)		Evelyn Fe	ttit	Hyatt			ld.		
_		ATH (Enter only one co	use per line far	(a), (b), and (c).)							AL BETW	
	PART I DEA	TH WAS CAUSED BY:	₩ Bila	teral hemotho	rax					UNZEI	AND DE	HIA
	j.			rupture of ac								
	Cond tions, if any			multiple rib								
	rise to immediat	e rause (a)										
	stating the unde	rlying cause	(t)	na - auto acci	aent							
ATION	PART II OTHER S	GNIFICANT CONDIT ONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEA	ASE CONDITION	GIVEN IN PART	1(a)			AS AUTOF REORMEI	D?
FERTISICATION	20a EXTERNAL CA PRIMARY TO or CO		20b DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of in	jury in Part I or	Part I of iten	1 1B)				-
2	CAUSE OF DEATH Passenger in right front seat of car involved in c										11j5	ior
MEDICAL	20c TIME OF INJ	20c TAME OF MILEY Month Day Year 20d INITIES OF INTIES Home form 20f (City or town) (County) (State)										
ME	Haur a.m. 5:37pm pm 11-7- 19 66 at work at wark US Rt.1 at Cherry Hill Rd. Prince George Co.											
		y that I taak charg	e of the rem	ioins described opove, h	eld an Autapsy	x x Inspi	ection 😿 ,	Inquir	y 🔽	ond in		
death resulted fram: Natural cayses , //Accident , Suicide , Hamicide									nner	_		
		1 /	11/	1		EDICAL EXAMINE			_			
	ACTUAL SIGNATURE	1 th	1	1/	THE D	NT MEDICAL EXA				22.	DATE S	IGNED
	EXAMINER'S NAME (Type)	John Kehoe	M.D.	Riverdale.		MEDICAL EXAMI (Street, city, to				11-8	-66	
2	Bo. BURIAL, CREMATIC			23c NAME OF CEMETERY OF		23d.	LOCATION (C	rty or Town	1)	(County)	(Sto)1e)
	REMOVAL (Specify	Nov 11	, 1966	Ft Lincoln	Cemetery	€	Solmar	Manor	Pro	Geo	Md	,
	24. FUNERAL DIRECTO	,,		ADDRESS	250	RECO BY REG		2Sb REGI				
ı	F. Gasel	i's Sons	livatts	ville. Md.		NEIV	1/1/1	355	WIL	mila	0.	1.0

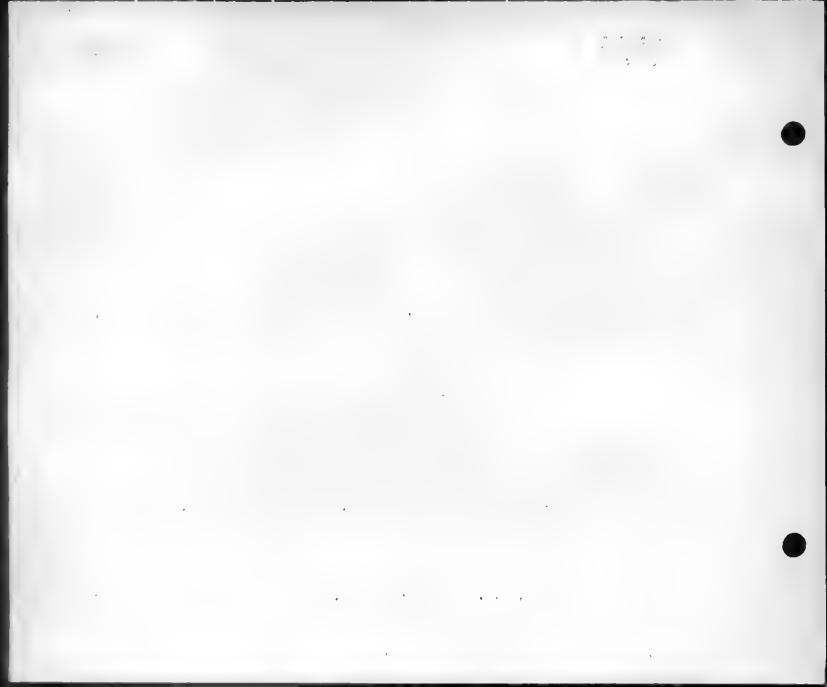
VR A15ME (5), 6M 1/66

5 may be retained far your files. Health or its designoted agent, prior to buriol, cremation, or removal,

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page

This certificate should be executed within 24 hours after death If

TO DEPUTY MEDICAL EXAMINER:

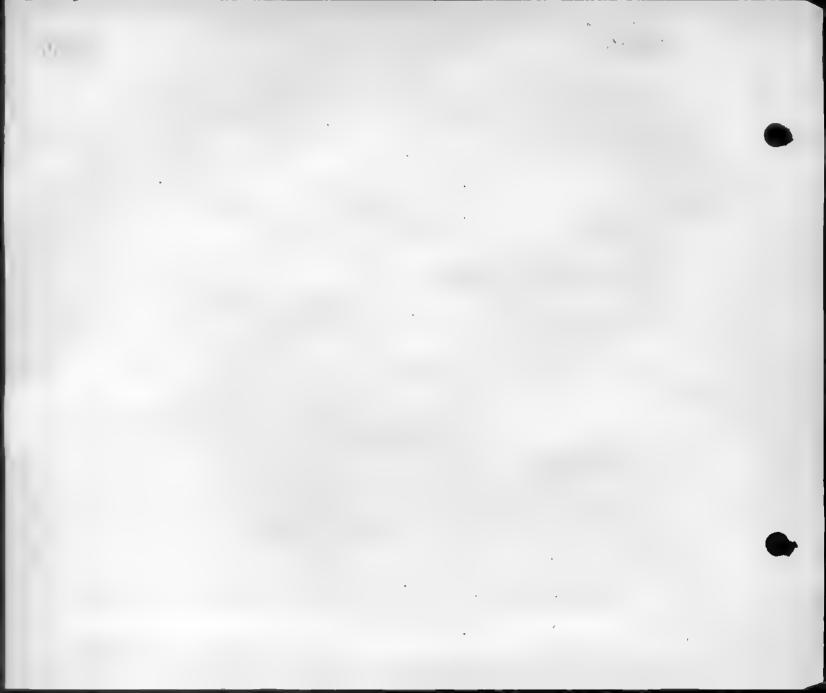


oly in by the funeral arrs. Pages 1 and 2 should hours after death. 'n 24 hours after TO HOSPITAL CARTINDING PHYSICIAN: The law requires that the death certificate be executed with

VR A1S (4) 15M 7/61	death. Page 4 r e retained by the hospital or attending physician. Y. J. T. O. F. WERAL I C. T. OR. After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Be filed with the State Deep: of Health prior to burial, cremation, or removal, and in any event, within 72 h.

2

	MARY	YLAND STATE D	EPARTMENT OF		ORE 1, MARYLAND
	16059 _{It}	CERTIFICAT	E OF DEATH	mh	16059
1,	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased livad, If	institution: Residence before admission]
	b. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	Mary]	and	Prince Georges on RURAL and give neerest town)
	write RURAL end give nearest town) Cheverly	28 days		ont Heights	. / _
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		o IS RESIDENCE ON A FARM?
	Prince Georges General		3 708	J Street	YES NO
3.	NAME OF First DECEASED (Type or print) Albert	Middle	Franklin	OF DEATH NO	
5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	2 AGE (In years	FUNDER TYEAR TE UNDER 24 HRS.
	Male Negro WIDOWE	DIVORCED	MAY 11, 19	03 3 last birthdey)	Months Days Hours Min.
do	n. USUAL OCCUPATION (Give kind of work need during most of working life, even if refired)	IND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County	& State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13.	Inemployed father Name	//	14. MOTHER'S MAIDEN NA	AME,	, 43,
	Lewis TRANKI	lin	He	die Itu	mphRey
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. is, no, or unkown) (Ifyes give war or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT /	Addres	VII Rea
-	18. CAUSE OF DEATH Enter only one cause per ti	ine for (a), (b), and (c),]	- Chokle	s grann	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11 1 1	lul		ONSET AND DEATH
	DUE TO	17 11	. J . C	relievis 7	
	Conditions, if eny, which (b)	ally Num	pronal a	micons /	fu'u
	(a), stelling the underlying DUE TO				
Z	PART I. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPSY
CATIO					YES NO
CERTIFIE	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Per	rt f or Pert of Item 18.)	
ŀ	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Yeer 20d.	NURY OCCURRED 20g. PLA	CE OF INJURY (Home, ferm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While p.m. 19 al worl	Not While fact	ory, street, office bldg., etc.)	20. (city of lowing	(554117)
	21. I certify that (I) (this hospital) attend		60		, 19.66 , that (I) (we) last
	saw the deceased alive on	19.6., and that	death occured at 7	M, from the causes	and on the date stated above, 22b, DATE
	Szully 4	all MI	D. PHYS. DIR	D. STAFF	11/14/66 S.GNED
	22c. PHYSICIAN S NAME (Type)		22d. ADDRESS	1:-:	Dadharda Wd
\ \	Saul W. Rosen,			1111CAL CENT	er, Bethesda, Md.
23	REMOVAL (Specify)	23c. NAME OF CEMETERY	OK CREMATORY	200. ECONTION (City, R	value codiny) (State)
24	FUNERAL DIRECTOR'S SIGNATURE 4.5. WASHING TON 950	ADDRESS	NOV 2	1 1966 25b. RI	egistrap's signature



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16960 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince Georges County o. COUNTY Maryland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Takona-Park Hyattsville 13 days Cheverly 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 6813 Red Top Road YES NO TX Prince Georges General Hospital 3. NAME OF DATE Middle Year Inst Dov DECEASED OF DEATH November 26 66 Fritter Sr Type or print) David 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Jost birthday) Months Dovs Hours WIDOWED DIVORCED Male. White 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Retired Virginia
14 MOTHER'S MAIDEN NAME 13. FATHER S NAME John H. Fritter Mary Ida Shelton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service Mrs. Marie Fritter above address Wife 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. **ONSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUF TO stating the underlying couse lost. 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO. 20o ACCIDENT WAS LINDERLYING [13] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING FIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not While While ot work at work 21. I certify that (I) (this haspital) attended the deceased fram, 19 _, ta. 19____. that (I) (we) last 19.66, and that death accurred at 2:450 M, from causes and an the date stated above. saw the deceased alive an Nov. 26 22b. DATE SIGNED 22n SIGNATURE STAFF Nov. 26, 1966 DIRECTOR 22d PADDRESS e 22c. PHYSICIAN S Dr. Garcia Georges General Hosp. NAME (Type) 230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Suitland, Md. Cedar Hill Com

25o. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 haurs after death funeral 1 and 1er deoth illed in l papers. carban campletely in any (ease acian 0 remov signed by the atte burial-transit perm burial, cremation, c by the haspital ar attending physician. far use as the t Health priar to b has been TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt be retained Page 4 may

VR A15 (4) 20 M 1/66

Nalley's

Inc.

Home



Pr. George's

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

Immediate

years

PERFORMED? NO X

(State)

22b. DATE SIGNED

12

(County)

12 Nov. .

Minneles

IS RESIDENCE ON A FARM?

YES NO K

19 66

IF UNDER 24 HRS.

VR A15 (4) 20M 5-63



funeral I and 2 TO HOSEITH DE ATTEMBINE PHYSICIAN: The law requires that the Leute certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shysteian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then been seen carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

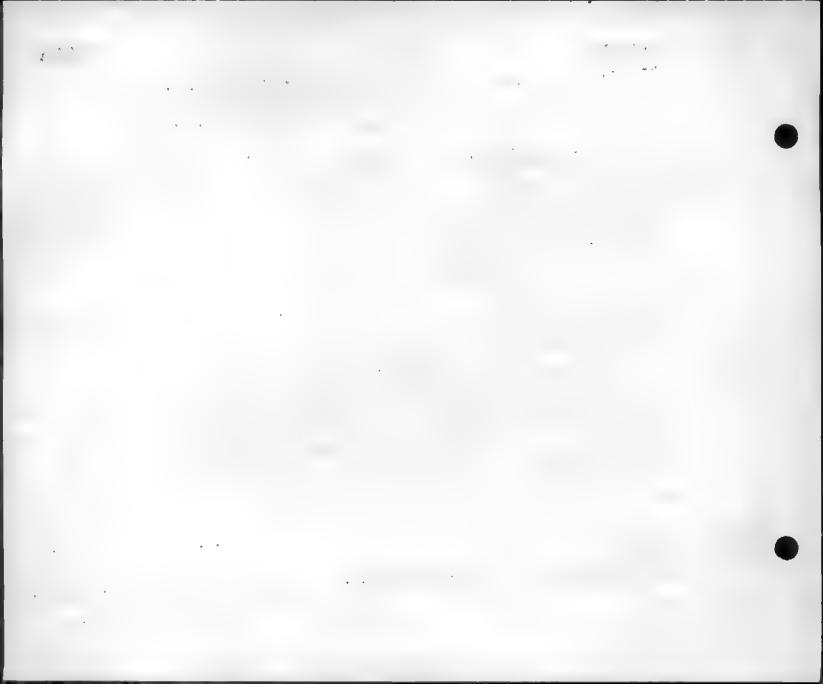
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

II.	10000	OLICIII IOATE	OI DANIII	I OHDZ
I	PLACE DF DEATH a. CDUNTY		2. USUAL RESIDENCE (Where deceased lived,	
V	PRINCE GEORGE'S	MARYLAND	MARYLAND PI	COUNTY RINCE GEORGE'S
4		C. LENGTH DF STAY IN 15	c. CITY DR TDWN (If outside corporate limi	
	ANDREWS AIR FORCE BASE	1 DAY	OXON HILL	12-1
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	USAF HOSPITAL ANDREWS		1413 SOUTHERN AVEN	
ı	3. NAME DF First DECEASED	Middle	Last 4. DATE	Month Day Year
	F DEV			EMBER 14 1966
ı	5. SEX 6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED 2 8.	last birth	rears IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE CAUCASIAN WIDOWED	DIVORGED		rs. 1
ı	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IND	ID DF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign of	GDUNTRY?
	N/A	N/A	PRINCE GEORGE'S, MAI	RYLAND U.S.A.
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
١	BONIFACE L. GAYDOSH		ELIZABETH A O'KEEFI	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SE (Yes, no, or unknown) (If yes give war or dates of service)	DCIAL SECURITY ND. 17.	INFORMANT	Address
			NIFACE L. GAYDOSH-J	FATHER-SAME AS #2
1	18. CAUSE OF DEATH (Enter only one cause per line	1 /1 / //		INTERVAL BETWEEN DNSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDI	AC ARREST -	RESPIRATORY ARREST	
1	1/2 at DUE TD			
ı	Conditions, if any, which (b) RESPI	RATORY DIST	RESS SYNDROME	18 HOURS
ı	cause (a), stating the DUE TD			
1	underlying cause last. (c) PREMA			1.8 HOURS
1	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING ID DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
. >		and the Hole Indian and the		YES ND
١	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	SCRIBE HOW INJURY DCCUR	RRED. (Enter nature of Injury in Part I or Pa	T II Of Item 18.)
1	3 2Dc. TIME DF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PLAC	E DF INJURY (Home, farm, 20f. (City or to	wn) (County) (State)
1	Hour a.m. 19 at work	~~ NOT WILLE ~~~!	y, street, office bldg., etc.)	
	21. I certify that OK (this hospital) attended	the deceased from 1.3		OV, 19.66, that 10 (we) last
	saw the deceased alive on 14 NOV	19_66, and that	death occurred at 9:2M from the ca	
	222. SIGNATURE Skrick of	Coher _ M.D.	ATTENDING MED. STAFF	22b. DATE SIGNED 14 NOV 66
1	22c. PHYSICIAN'S		22d. ADDRESS USAF HOSP.	
	HERRICK J. COHEN, CAPT,	USAF,MC	ANDREWS AFB WASHIN	NGTON DC 20331
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) 1/17/66	23c. NAME OF CEMETERY ANINGTO	OR GREMATORY 23d. LOCATION (C	ity, town or county) (State)
	24. FUNERAL DIRECTOR W. W. M. A. M. M. A. M. M. A. M. M. A. M. A. M. A. M. A. M. A. M. A.	AADDRESS (b. BENSTRAR'S, SIGNATURE
	517 - 11th St.	SE. Wash, A	C DATE NOV 1 8 1966	Tcharles Judge.

VR AI5 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16063requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and bud 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH Prince George's o. COUNTY o. STATE WARNEN WHEN X HAXXED COUNTY VIAND Prince Geo MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town) write RURAL and give nearest town) Wentington XXXXXX District Heights/ 27 days Cheverly papers. Jin 72 ho physician and campletely filled in en please remove arban naners d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO K 19 Weber Drive ent, with NAME OF Middle 4. DATE First Lost Month Doy DECEASED event, 1 Mary Gotch November (Type or print) Anna DEATH AGE (In years FUNDER 1 YEAR IF LINDER 24 HRS SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** birtfidoy) Months Doys Hours White 2/25/80 Female DIVORCED WIDOWED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life even if retired) COUNTRY? INDUSTRY USA Penna. d by the attending physici Etransit permit. Then plea I, cremation, ar removal, a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Solits Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Andrew Gotch 19 Weber Drive 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (ç).)
PART I. DEATH WAS CAUSED BY: signed by the c burial-transit pa burial, crematia INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse os the affending has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health 1 CERTIFICATION NO XX TO FUNERAL DIRECTOR: After this certificate by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) 200. ACCIDENT WAS UNDERLYING [detached for the Dept. of F OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. While Not While foctory, street, office bldg., etc.) ot work at work , 19 66, ta Nov. 18. , 19 66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Oct. 21. be retained 11/17/66 and that death occurred at 7:30 M, from causes and an the date stated above. saw the deceased alive on..... director, page 3 sha shauld be filed with 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS 22d, ADDRESS ¿Sayan, Page 4 may 2327 Belleview Ave. Cheverly 23a, BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 11/21/66 Cedar Hill Cemetery Prince Georges, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1956



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

YES NO 🔀

Year

IF LINDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Minutes

19 WAS AUTOPSY PERFORMED?

NO F

tree.

and in my opinion

22. DATE SIGNED

(State)

1966

DATE

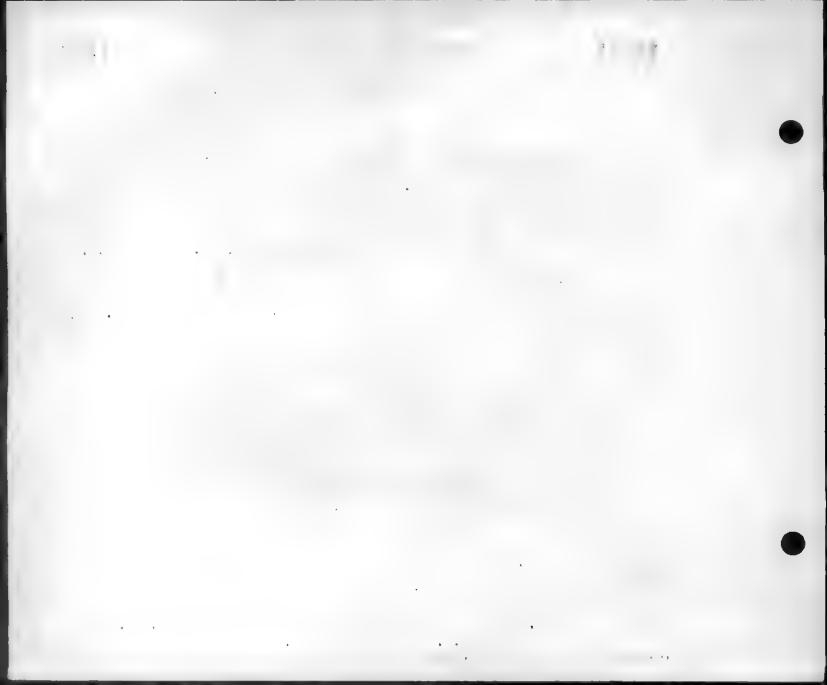
		1		(N
_F	OF	2 5	T	AT	È-
HE	AL	TH)El	PT.
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is and any	3 ta	age		o to	ath.
delo	and	M3. F		rtmer	er de
	1, 2,	m P		Depo	rs oft
ath 1	ages	th far		State	hou !
er de	Ive P	lg wi		the!	in 7
s afte] 6.	alar		2 with	‡ WI∏
hour	Item	Office		and	even
ın 24	ul III	S	7	Se Se	ony
with	ned I	Exagen	-11	FILERD	and 12
cuted	19" ir	dical		mit.	IVOI.
exe	pendi	if Me		sit pe	remo
old be	. Pill	e Chie		I-tran	ın, ar
sha	he w	ta 击		burio	matic
ficate	ing t	rded		D SD	nl, cre
cert	. WI	arwa		nsed	burio
This	icate	pe 1		d be	or to
JER:	E	auld	es.	shoul	t, prić
AMIN	₽.	4 5	il fi	ge 3	agen
L EX	ecute	Page	ar yo	R: Pa	pet
PICA	N S	schar.	ned t	ECTO	esigno
ME	pled	dire	retai	L DIR	its de
PUTY	MIN,	unera	y be	VERA	h ar
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death If any delay	nuces	the fi	S ma	O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Fill-pages 1 and 2 with the State Department of	Healt

16064 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George Mrt. Conn. MARY, AND b CITY OR TOWN (If outside corporate i mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate 1 mits, write RURA, and give nearest town) write RURAL and give nearest town) Cheverly DOA East Haven d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS Prince George General Hospital 200 Highland Ave. 3 NAME OF Middle Last 4 DATE Month DECEASED Margaret Leuise 11-12-66 (Type or print) Graves DEATH S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthday) WIDOWED 25 Auril DIVORCED Negro 100. USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K NO OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? Williamsport, Pa. U.S. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Inther Stewart Margaret Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT East New Haven Address (Yes, no, or unknown) (If yes give wor or dates of service) Margaret Smith-200 Highland Ave. Unichern 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY Bilateral hemothorax IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove Multiple rib fractures rse to mmed ate cause (a), DUE TO stoting the underlying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part it of item 18) PRIMARY 2 or CONTRIBUTING CAUSE OF DEATH Driver of car, thrown fr car, which ran off rose and struck 20d NJURY OCCURRED 100 PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) While Not While of work 12966 Ralt. Wash, Parking Taurel 2). I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry L death resulted fram-Natural causes Arcident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE may be Health ar DEPUTY MEDICAL EXAMINER 11-12-66 **EXAMINER'S** John Kehoe, M.D., Riverdale NAME (Type) Address (Street, city, town, or county) 236 DATE THEREOF 230 BLRIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 Ber FMOYAL (Spec fy) Nev. 16-66 Jersey Shere Lycoming Co. Pa. Kelechner F. Hender Fersey Shere Pasa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE

Annapolis-Md. Transfer to

VR A15ME (5) 6M 1/66

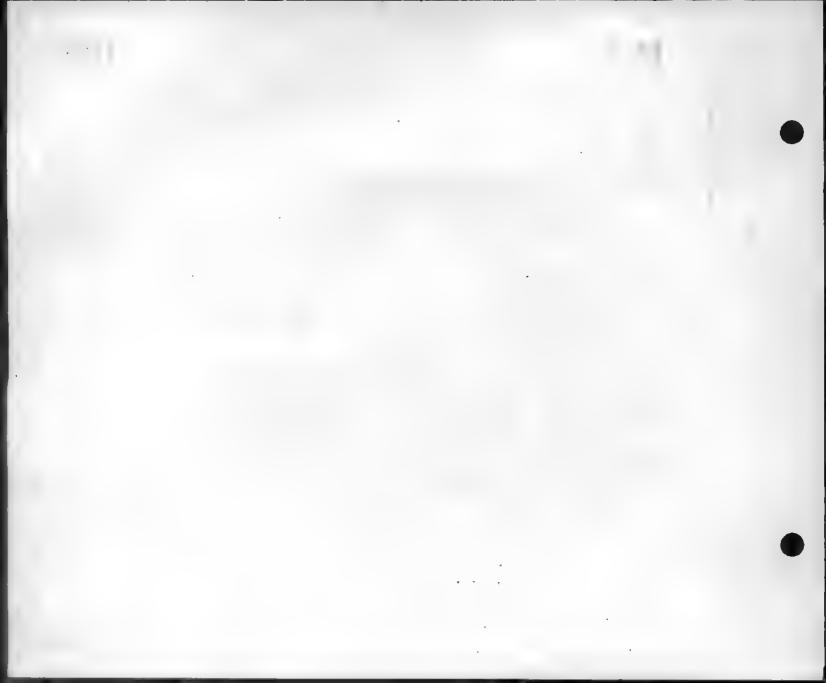
C.E.Hicks 111



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16965PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) d. COUNTY Prince George PM3. Page Prince George MARYLAND b CITY OR TOWN (If auts de carporate limits, C LENGTH OF STAY IN 15 . c CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town) write RURAL and give nearest town rel 10 yrs. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Item 18. Give Pages 1, Office along with farm haurs Home-Same as #2 942 Nichols Drive ate YES NO 3 3 NAME OF Middle First Last 4 DATE DECEASED James Richard within Grav (Type or print) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (n years IF UNDER I YEAR 7 MARRIED [X] NEVER MARRIED last birthday) Manths Caucasian 19 Jan., event 10a USLAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT working if e, even if retired). 13 FATHER'S NAME executed within 16 SOC AL SECURITY NO 17 INFORMANT Address rd "pending" ir Chief Medical remaval, NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Heart failure 5 IMMEDIATE CAUSE (a) This certificate should crematian, DUE TO e, writing the war farwarded to the Arteriosclerotic heart disease over 5 yrs. Candil ans I any, which gave rise to immediate cause (a), DUE TO stating the underlying cause used as burial, c PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO X Health ar its designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) plnods shauld CARSE OF DEATH 20c TIME OF .N. JRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or toven)... (County) (State) Hour a.m. factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry 1 Inspection x. and in my opinion the funeral directar. death resulted from: Natural couses [X], Accident F Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE /Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 11-15-66 **EXAMINER'S** Address (Street, city, town, ar county) NAME (Type) (County) 25b REGISTRAR'S SIGNATU VR ATSME (5)

6M 1/66



FOR STATE

16066

pages than 2 with the State Department of in any event within 72 haurs after death.

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is

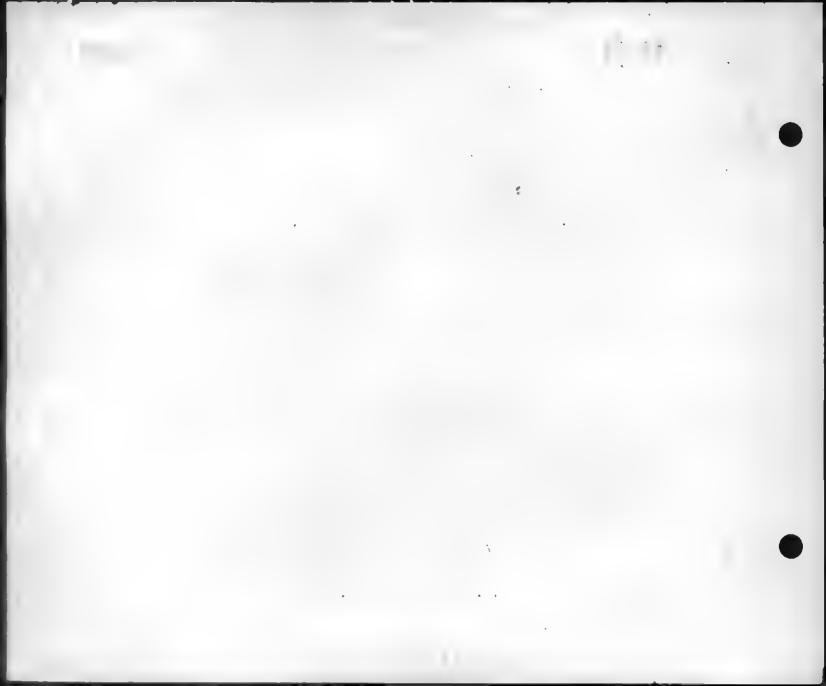
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior ta burial, crematian, ar removal, and 5 may be retained for your files.

VR A15ME (5)-

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16069

	16066	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 166	167
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed aved, if institution. Residen	ce before admission)
'	Prince George's	MARYLAND	o STATE b. COUNTY D. COUNTY	- Land
	CITY OR TOWN (if autside corporate mits,	c LENGTH OF STAY IN 16	c C TY OR TOWN (if outside corporate limits, write RURAL and give	neorest town)
	write RURAL and give nearest town) Cheverly	DOA	Baltimore	Ź,
	NAME OF HOSP TAL OR INSTITUT ON (if not in		d STREET ADDRESS	e IS RESIDENCE
	Prince George General	1 Hospital	14 Monroe Street	ON A FARM? YES NO S
	NAME OF First	Middle	Lost 4 DATE Month	Doy Year
	DECEASED (Type or print) Cardalle	o Alphonso	Griffin DEATH]]	1 1966
S :			DATE OF BIRTH 9 AGE (In years IF UNDER	YEAR IF UNDER 24 HRS
I.	Male Negro V	VIDOWED DIVORCED	16 Dec. 1934 fast birthday) Months 51 yrs	Days Hours Min
10o	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or foreign country) 12 (1)	IZEN OF WHAT
C	normost of working life, even if ret red)	JEN ONTRACTOR	NORFOLK VA. U	INTER STATE
13	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
	EURGE GRIF	- F M	ETHEL STEWARD	
1S (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of ser	VICE) 16 SOC A. SECURITY NO 17	NFORMANT GRIFFIN 2121 Ric	lgihll Are
	18 CAUSE OF DEATH (Enter only one couse poper of the part of DEATH WAS CAUSED BY:	.,,,,		INTERVAL BETWEEN
	IMMEDIATE (AUSE (o) _	Coronary artery oc		ONSET AND DEATH minutes
П	DUE TO	Coronary arteriosc	lerotic heart disease, severe	unknown
	Conditions, if any, which gave (b) (b)			
Н	stoting the underlying couse			
	lest.) (c)	UPUZING TO ACTUAL DUT NOT DESCRIPTION OF	THE TERMINA DOTAGE CONDITION OF THE PROPERTY OF	LSO MAS HITODOV
CATION	PART IT OTHER S GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i or Part II of item 18)	
MEDICAL	20c. TAME OF INJURY Month, Day, Year Hour o.m. 19		E OF INJURY (Home, form, 20f (City or town) (Co. pry, street, office bldg , etc.)	inty) (State)
	21 I certify that I taak charge of		ld an Autopsy 🔀, inspection 🔀, inquiry 📆	and in my apin on
	death resulted from. Natural co		de . Hamicide . Undetermined manner	l
П	1		CHIEF MEDICAL EXAMINER	3
Ш	ACTUAL SIGNATURE	chol	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
П	EXAMINER'S		DEPUTY MEDICAL EXAMINER 🔀	
	NAME (Type) John Kehoe, M			11-2-66
230	REMOVAL Specific	7007 0	REMATORY 23d 10(ATION (City Of Town)	(Stote)
24	FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
7	man Sour Potany	4638NG1cm	ON STRAINTY 1 1000 COLLEGE	Pa 0 4.0
			101 4 500	Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16067 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) OF COLUMBIA GEORGE'S MARYLAND b (ITY OR TOWN (f autside carparate lim ts, write RURA, and give nearest town)

ANDREWS AIR FORCE c. LENGTH OF STAY IN 16 c-CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) D. O. A. BASE WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? HOSPITAL ANDREWS 4940 DEAL DRIVE. NO K 3 NAME OF Middle DATE Last Day Year DECEASED (Type or print) GROSS GEORGE EDWARD DEATH NOVEMBER 6 1966 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months Days Haurs WIDOWED DIVORCED CAUCASIAN 1929 NOV 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
AIRMAN INDUSTRY COUNTRY? AIR FORCE MISSOURI 13. FATHER S NAME MOTHER'S MAJDEN NAME R055 UNKNOWN) SITES WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no ar unknown) (If yes give war or dates of service) #89-32-9075 BILLIE GROSS-WIFE-SAME AS #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE (AUSE (o) MYOCARDIAL INFARCTION DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Y NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or Jown) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat While at work at wark * *21. I certify that *() (this haspital) attended the deceased from 6 NOV , 1966 , to 6 NOV . 19 6 6 XWXX KWXXX 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS 92C PHYSICIAN'S 20331 USAF.MC AFB WASHINGTON NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (State) EMOVAL (Specify)

GON OF1

2So REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

law requires that the death certificate be executed within 24 hours after death signed by the ottending physicion and completely filled in by the f burial-transit permit. Then please remaye Cathon papers. Pages popers. Pag hin 72 hours o event ony or removol, cremotion, physician. buriol, attending os the O FUNERAL DIRECTOR: After this certificate has been prior to for use Health be retained by the hospital or ō detached State Dept. OR ATTENDING 3 should be a with the State director, poge 3 should be filed v Page 4 moy

S SEX

MALE

YES

last.

FUNERAL DIRECTOR-

IDE

S

RSI

N

14

亩 MEDICAL

S

-84

4.6

REVE

CERT.

VR A15 (4) 20 M 1/66

ITEM #21 CONTINUED:

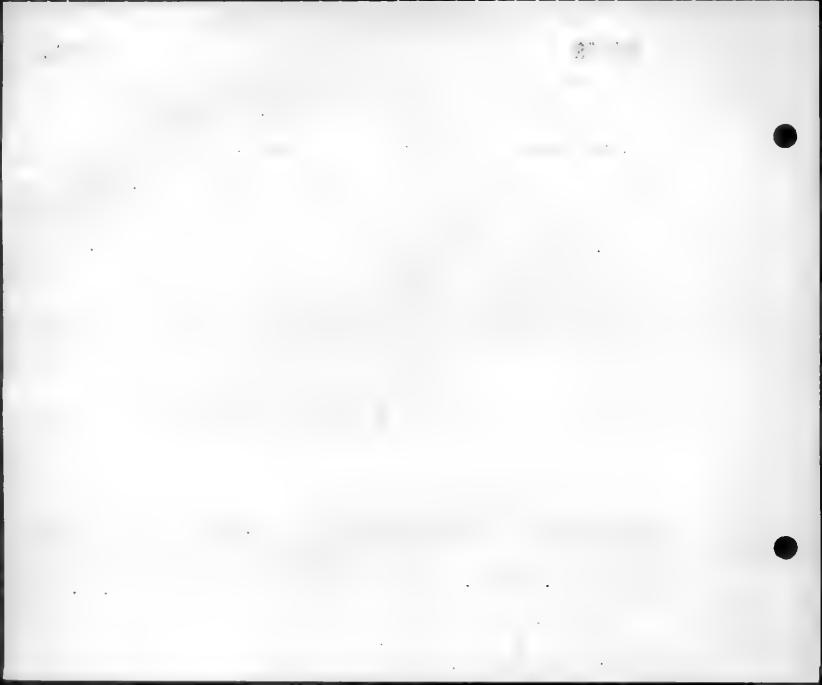
TSGT GEORGE EDWARD GROSS WAS RETIRED FROM THE U.S. AIR FORCE AT CANNON AFB, NEW MEXICO, ON 26 OCT 1966, WITH 60% MEDICAL DISABILITY FOR A HEART CONDITION. HE WAS BROUGHT TO THIS HOSPITAL BY THE OXON HILL RESCUE SQUAD AND PROUNCED DEAD ON ARRIVAL AT 1:50 A.M. 6 NOV 1966. DR JOHN KEHOE, DEPUTY MEDICAL EXAMINER FOR PRINCE GEORGE'S COUNTY WAS CONTACTED AND HE RELEASED THE REMAINS TO THIS HOSPITAL FOR AUTOPSY AND PREPARATION OF DEATH CERTIFICATE.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Т	10008	CERTIFICATE	OF DEATH		16069						
1	PLACE OF DEATH			here deceosed lived, if institution	Residence before admission)						
1	o. COUNTY Prince Georges	MARYLAND	o STATE Maryland b Frince Georges								
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	side corporate limits, write RURA							
	write RURAL and the genrest town)	16 days	Capit	ol Heights	p' s p'						
,	d, NAME OF HOSPITAL OR INSTITUTION (If not in hos		d STREET ADDRESS		e ·S RESIDENCE ON A FARM?						
Ĺ	Prince Georges Gene	eral Hospital	6204	Oakford Road	YES NO						
1	3 NAME OF First DECEASED Days	Middle	Lost	4 DATE Month	Doy Year						
	(Type or print)		larvey	DEATH NOV							
4		RRIED XX NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years	FUNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min						
		OWED DIVORCED	18 Nov., 1	910 56 yrs							
1	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11.BRTHPLACE (County & West Virgi	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?						
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		0,0,11,						
ı	Samuel D. Harvey	•	Lockie Ro								
	IS WAS DECEASED EVER IN U.S ARMED FORCES?		NFORMANT	Address							
	Dorles H. Stanley 6200 Oakford Rd Cap Hgts										
F	18. CAUSE OF DEATH (Enter only one couse per line 19-7(0), (b), and (s)) INTERVA. BETWEEN										
1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Congestive An	ad talk	We	ONSET AND DEATH						
	420.1 DUE TO CHETE TROUBER 1500 Sul										
	Conditions, if ony, which gove (b) Well myoe aid al Lufaretry										
	stoling the underlying couse DUE 10										
	lost (c)	Conques acco	ic frau	pources	LAG Strac at IMODES						
14000	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO						
4	20o. ACCIDENT WAS UNDERLYING 2	205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 18)							
, i	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
2010	and the state of t		E OF INJURY (Home, form, ary, street, office bldg, etc.)	20f (City or town)	(County) (State)						
1	p.m. 17	ot work 🔲 ot wark 🔲		11.700	20//						
1	21 I certify that (I) (this haspital) a sow the deceased alive on 11/	oftended the deceosed from 281966_, and that	death occurred of	066 , to 11/28 .05AM, from couses or	, 19 <u>66</u> , that (I) (we) last nd on the date stated abave						
1	220. SIGNATURE 22b DATE SIGNED										
	Club 's	MD Source	PHYS K	DIRECTOR PHYS .	11-28-66						
	22c. PHYSICIAN'S NAME (Type) Dr. Oliver	B. Bond	22d. ADDRESS	Into Dd Dimeni	lala Wa						
-				iale Rd., Rivero							
1	230 BURIAL, (REMATION, PEMOVAL (Specify) 11-30-1966	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town Bladensburg	(County) (Stote) Maryland						
-			7	9	STRAR'S SIGNATURE						
. 1	24 FUNERAL DIRECTOR Wilhelm Funeral Home 43	08 Suitland Rd Su	itland DATE DE	- 414	Charles Judge						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 nours after death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) o COUNTY b. COUNTY Page death. Prince George's MARYLAND Maryland Prince George's b CIY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c. C.TY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Departme write RURAL and give nearest town) lhr. 45min. Temple Hills Clinton a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ofong with form ote ho. 5915 Farmer Drive Southern Maryland Medical Center YES NO X 3 NAME OF Middle 4 DATE Lost Month e St 72 Year DECEASED the within (Type or print) Robert Hensley Jr. DEATH Karsnar S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BRITH IF UNDER 1 YEAR F UNDER 24 HRS lost birthdoy) Hours WIDOWED DIVORCED Øffice o event White CN 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13. PATHER'S NAME icate, writing the word "pending" in pencil-was be forworded to the Chief Medical Examples. 14. MOTHER'S MAIDEN NAM .= Fle INFORMANT Address remayal 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEE buriol-trons't PART I DEATH WAS CAUSED BY ONSET AND DEATH OĽ Heart failure IMMEDIATE CAUSE (0). used os o buriol-tri buriol, cremation, Myocardial infarction Conditions, if ony, which gove (b) Coronary arteriosclerotic heart disease rise to immediate cause (a). DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION 0 NO [x 3 should b 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item f8.) PRIMARY I or CONTRIBUTING I 4 should CAUSE OF DEATH. designated agent, 20c. TEME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page et work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry X and in my opinion deoth resulted from Naturol causes Undetermined monner [Accide/1 Suicide [Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE

Riverdale, Md.

NAME OF CEMPTERY OR CREMATORY

the funeral director. O DEPUTY 5 moy be 1 TO FUNERAL Health or i

be executed with

certificate should

VR A15ME (5) 6M 1766

EXAMINER'S

NAME (Type)

230 BURIAL CREMATION

24. FUNERAL DIRECTOR

Wehoe,

236 DATE THEREOF

John

250. REC D BY REG STRAR 25h REGISTRAR'S SIGNATURE 966

23d LOCATION (City or Town)

11-28-66

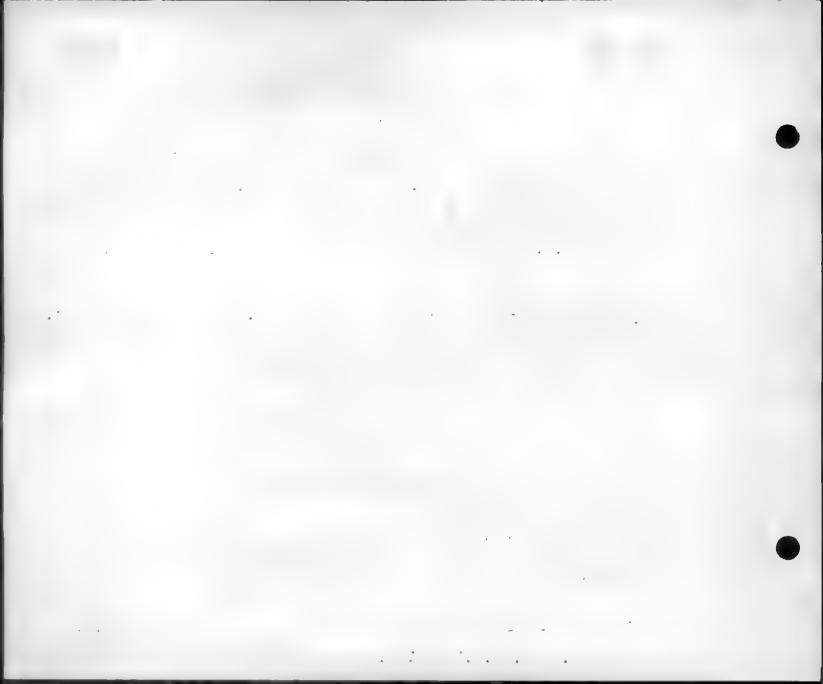
(County)

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16070 ond 2 death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH b. COUNTY o. STATE a COUNTY Prince George's MARYLAND ve carbon papers Pages 1 event, within 72 hours after Prince George's Maryland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 42 min. Adelphi Cheverly e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS completely filled in Prince George's General Hospital 2000 Saranac St. YES NO 🔀 Middle 4 DATE Year 3 NAME OF FIEST 1966 DECEASED November Raymond P. Hiser DEATH (Type or print) IF LINDER 24 HRS B DATE OF BIRTH AGE (In years 6. COLOR OR RACE S. SEX 7. MARRIED **NEVER MARRIED** last birthday) Hours White 7-15-1895 Male DIVORCED WIDOWED gud 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, every if retired) Washington, D.C.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Kuniguneada (Hiser Paul Hiser buriol, cremotion, or remo 17 INFORMANT 16. SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service Margaret E. Hiser - See Item No. 578-10-5079 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one ceuse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: signed by the a buriol-tronsit po IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Stote Dept. of Health prior to has been os the lost. WAS AUTOPSY PERFORMED? RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT use YES 4 NO TO FUNERAL DIRECTOR: After this certificate jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20e, PLACE OF INJURY (Home, form (City or town) (County) 20d. INJURY OCCURRED 20c, TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour om. Not While at work 19 65, to Nov. 11, 19 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the 19.66, and that death occurred at 7:05M, fram causes and on the date stated above. saw the deceased alive on Nov. 11 22b. DATE SIGNED 22a SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23d LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Washington Flenwood Cemetery 25b. REGISTRAR'S SIGNATUR 25o. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR oseph Gawler's VR A1≣ (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)

b. COUNTY

II STATE 16071

Poge

2, ond PM3.

after deoth

hours

be executed

certificate should

Give F

Item 11 Off ce

.5

olong

w thin 2 n pencil i.

rd "pending in Chief Medical E

word

te, writing the v forwarded to tl

pleose execute

o. COUNTY

J. death. Department after hours ate 72 the within event 04 pug Sec 1 Ella pag permit. removal burial-tronsit 5 cremation, 0 burial, used 0 þe 3 should prior agent, designoted 20

the funeral director. Page 4 should 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior

Prince George's Prince George's MARYLAND Maryland b CITY OR TOWN (f guitside corporate limits. C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA Huattsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital NO [30] YES 3 NAME OF M ddle 4 DATE Lost DECEASED (Type or print) Robert. Hitt Thomas DEATH S SEX 7 MARRIED TO 9 AGE (In years 6 COLOR OR RACE B DATE OF BIRTH IF UNDER YEAR IF LINDER 24 HRS NEVER MARR ED lost birthdoy) Months Days Haurs DIVORCED WIDOWED Male White 1Do USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 1). BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ndustrial. Washington. L'ayout engineer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aldridge Hitt Flossie Johnson IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT University Blud. 579-22-8977 ues INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY ONSET, AND DEATH Heart failure inutes IMMEDIATE CAUSE (a) Arteriosclerotic heart disease 1200 unknown Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoling the underlying couse PART 1 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO 2Do EXTERNA, CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I of item 18.) PRIMARY CLOS CONTRIBUTING CL CAUSE OF DEATH MED CAL 2Dc. TIME OF NURY Month, Dov. Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om Not While factory, street, office bldg, etc.) White 19 at work of work 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry [X] Inspection , and in my opinian death resulted from: Natural causes 30% Accident _______ Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. 11-9-66 John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BUR AL CREMATION 23b DATE THEREOF (County) (Stote) BEMOVAL (Specify) 1966 Arlington National (Arlington. Va. em. 250, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

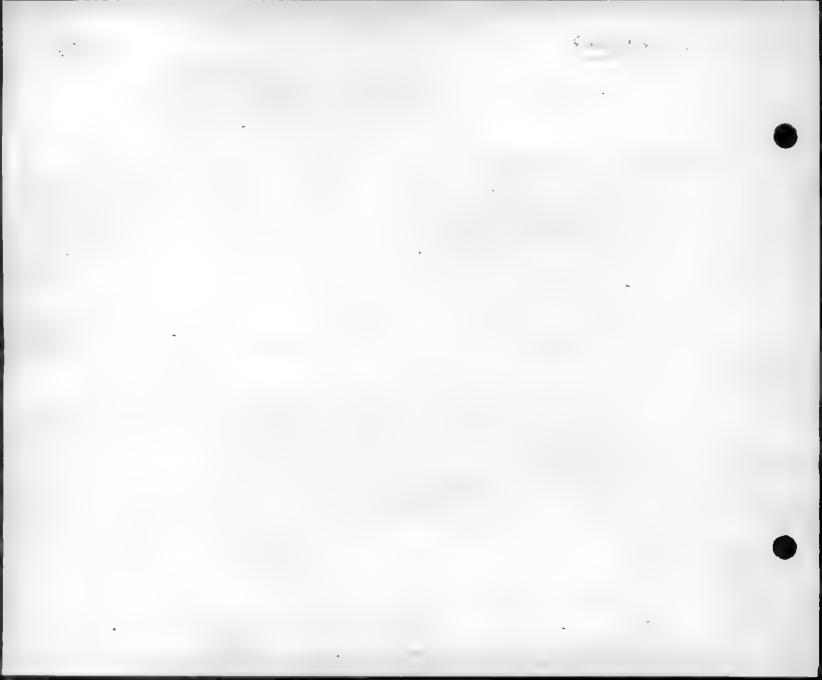
VR AISME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1607	2		CERTI	FICATE	OF DEATH			16	173	
		Prince George				RYLAND	2 USUAL RESIDENCE (o. STATE Marylar	_	6 COU			on)
	ь	CITY OR TOWN	If outside corporate imid give nearest town)		c LENGTH OF STAY		c City OR TOWN (If o	utside corpore				~
	d		TAL OR INSTITUTION (IF I	ot in hospital,	give street address)		d. STREET ADDRESS				e IS RESID ON A FA	DENCE APM2
		Eugene 1	Leland Memo	rial			24A Fer	way :	South			NO 🗶
	0	NAME OF DECEASED Type or print)		ter	Middle Frankli	n H	test louck	4. DATE OF DEATH	Moni	nber 2		66
	S. S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 !	B DATE OF BIRTH	9	AGE (In years lost birthdoy)	Months Day		R 24 HRS. Min.
		Male	White	WIDOWED	DIVORC	ED 🔲	12-6-88		77 yrs	,		HO.
			N (Give kind of work done late, even if retired) 3.71	IN	IND OF BUSINESS OR IDLISTRY CO.		Pennsy		, ,,	12. CITIZEN COUNTR		
	13.	FATHER S NAME					14 MOTHER S MAIDEN	NAME				
		William	E. Houck					Marga	aret Wood	ls		
	1S. (Yes	WAS DECEASED EV s, no, or unknown)	ER IN U.S. ARMED FORCES (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.	17.	NFORMANT Hospital Re	cords	Addre	228		
		Conditions, if one rise to immedia storing the under lost.	r, which gove te couse (o), prlying couse	(b) 7 /2 (c)	rone	nia H	million fre	of	Motolia Contraction	gle 3	Med Mari	20
U	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\sqrt{N}\) NO									NO Z	
	MEDICAL CERTIFICATION		AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY (OCCURRED.	(Enter noture of injury in	Part I or Por	t II of item 1B.)			
	MEDICA	20c. TIME OF INJ Hour o. p.	URY Month, Doy, Yeor m. m. 19	20d II While otwor			CE OF INJURY (Home, formally, street, office bldg., etc.		(City or town)	(County)	(1	(Stote)
		saw the d	i fy that (I) (this ha leceased alive on_	spital) atten	ded the deceased	from <u>s</u> ond tho	t death occurred at	38 N	o_ <i>7717V :</i> M, from causes	and on the d	late stoted	we) la 1 obov
		220. SIGNATURE	66 1.4	1160	m.	М		MED. DIRECTOR	STAFF PHYS.	22b DATE SI	2-6	6
		22c. PHYSICIAN' NAME (Type		Ma	117	M	22d. ADDRESS					
	230 Pa	BURIAL, CREMATI REMOVAL (Specif	ON, 236 DATE TO		23c NAME OF CEN		CREMATORY Sioal Cemete		CATION (City or To		nty) (Si	stote)
7		FUNERAL DIRECT		ade .	ADDRESS	o nat		D BY REGISTR		GISTRAR'S SIGNA	and the same of th	
,		uzdzins	to be desired to the	Home 1	407 Easter	n Ave	DATE	NOV 7	1966	Milan	es Jue	42

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. scride and campletely filled in by the funeral please Pages I and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled n by the fur director, page 3 should be detached far use as the burial-transit permit. Their places remave carban papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, ar remavenered in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TE	1607
EPT/	1 PLACE OF DEATH

3

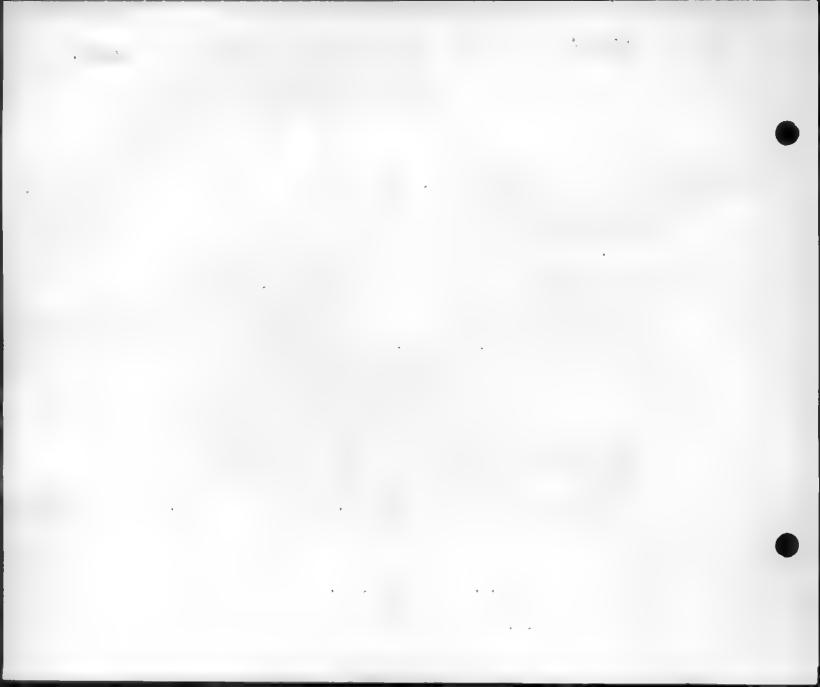
2, and 3 to PM3 Page necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director Page 4 shauld be farwarded to the Chief Med cal Examiner's Office along with farm 5 may be retained far your files.

This cert ficate shauld lie executed within 24 haurs after death

IXAMINER:

TO DEFUTY

DEPI		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Res	dence before admission)
=-		o. COUNTY Prince George's MARYLAND	o. STATE b. COUNTY	
att	- 1-	Prince George's MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b	Maryland Prince G	
9 70		write RURAL ond give neorest town)	c CITY OR TOWN (f outside corporate limits, write RURAL and	g ve neorest town)
ier ier		Cheverly DOA	Lanham	1'.
af	r	d NAME OF MOSPITAL OR INSTITUTION (If not in hospito, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
D SI			1	
ate		Prince George General Hospital	5703 Ellerbie Street	YES NO bc
22		3 NAME OF First Middle DECEASED	Lost 4 DATE Month	Doy Year
# E			mann DEATH 11	L 19 66
岩岩	3	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED	B. DATE OF BIRTH 9 AGE (In years IF UN	DER I YEAR IF UNDER 24 HRS
3 3	1		lost birthdoy) Montl	ns Doys Hours Min
d 2 ent	_	Male White WIDOWED DIVORCED D Oo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	13 April 1931 35 yrs	CIT ZEN OF WHAT
@ V		lunng most of working life, even if retired INDUSTRY	1 2 11	COUNTRY?
S. E	L	Printer	D C.	USA.
8		13. FATHER S NAME	14. MOTHER'S MAIDEN NAME	
		Frederick W.Isemann	Trans M. Danalina	
王亭	-		Iucy M. Bergling	
生 13		(Yes, no, or unknown) [(If yes give wor or dates of service)]	CD02 533	hio at
D A	_	_Yes Korea	Paul Isemann 5703.Eller	pre 20
E E		1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)		INTERVAL BETWEEN
nsi r		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage and sh	ock	ONSET AND DEATH
tra , o		DUE TO Right hemothorax		THE PAGES
- in	- 1			
nai		rise to immediate rouse (a)	fractures	
a le		stoting the underlying couse DUE TO		
SB,		lost. (c)		
ed		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
N 4	2 3			PERFORMED?
be to	3	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of Item 18.)	113 110 XI
목흔	Į.	PRIMARY Or CONTRIBUTING	(title house or injury in roll 1 or roll it of from 18)	
in d		The state of the s	which struck bridge support.	
3 s	- 13	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e P	LACE OF INJURY (Home, form, octory, street, office bldg, etc.) 20f County, Md.	(County) (Stote)
900	1	7:57am pm 11-4- 1966 of work of work Bal	t Plach Pankapar at Pt 50 D	minaa Caamma
- G		21 I certify that I took charge of the remains described above, I	reld on Autonom Deposition Deposition	rince George
OR of				
5.5		death resulted from: Natural Lauses , Agrident X, Su	icide, Homicide, Undetermined manner	
de de		ACTUAL / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER	
2 ≥		SIGNATURE 2000	ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Z I		7	DEPUTY MEDICAL EXAMINER X	77 1 //
E .	1	EXAMINER'S John Kehoe, M.D. Riverdale,	Address (Street, city, town, or county)	11-4-66
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit file pages land2 with the State Department af Health ar its designated agent, priar to burial, cremation, ar removal, obdition, event within 72 haurs after death		230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O		(County) (State)
2 =		DEMOVAL (Consultation of the Consultation of t		
	-	A FILLERAL BURE Chef		
5ME (5)		24. FUNERAL DIRECTOR ADDRESS	Wash 250. RECD BY REGISTRAR 1866 REGISTRA	Clarify Judge
1/66	1	Lee Funeral Home 300.4th st N E	D C. DATE WOV 9 1000	00

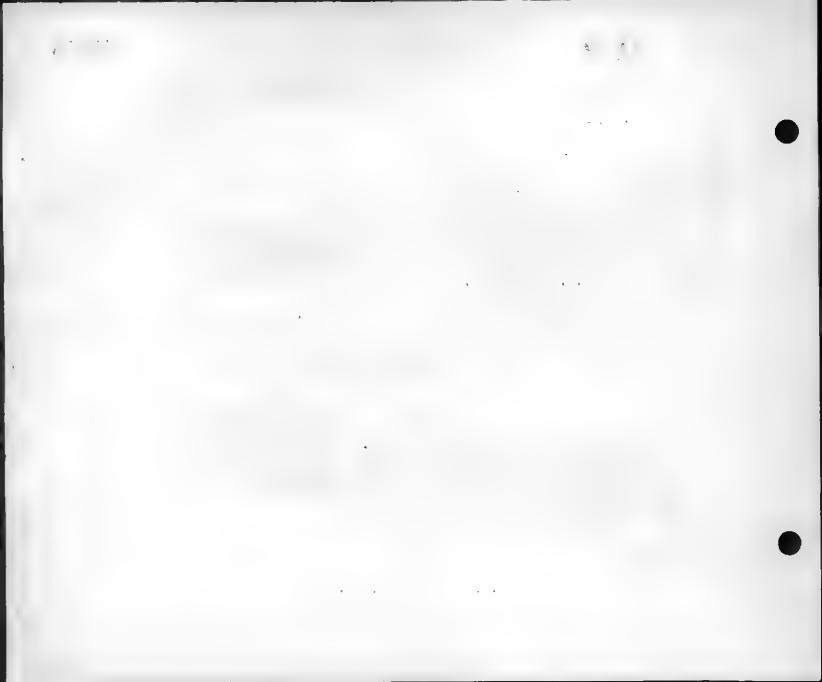


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16074 1. PLACE OF DEATH 2 IISIIAL RESIDENCE (Where deceased lived if institution; Residence before admission)

	o COUNTY	MARYLAND	a. STATE	b COUNTY	,
	Prince George's b CITY OR TOWN (flourside corporate limits,	c. LENGTH OF STAY IN 1b		Prince le carparate limits, write RURAI	
	write RURAL and give neorest town)	DOA			. f
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	DOA ve street address)	Camp Sprir	<u>igs</u>	e. IS RESIDENCE
1			5007 A77	D3	ON A FARM? YES NO X
	Prince George General Host	Middle	5901 Allento	DATE Month	Dov Year
	DECEASED (Type or print) Annie	Норе		OF DEATH	
	6 663		Isenberg		23 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS
į	Female White WIDOWED	DIVORCED	8 May 1912	last birthday) [1	Months Days Haurs Min
	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or		12 CITIZEN OF WHAT
	during mast of warking life, even if retired) Housewife	USTRY	Virginia	• ,,	12 CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	IE	-
	S.B. Tillett Sr.		Ca	arrie E. Hope	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
	(Yes, no, ar unknown) (If yes give wor or dates of service)	Re	Inh E. Isenhe	erg 5901 Aller	ntown Road
	18. CAUSE OF DEATH (Enter only one cause per line for (c		Tapit ing about	246 2702	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart	F ()			ONSET AND DEATH
	DUE TO Anthon	riosclerotic h	onat disonso		over 2 yrs.
	Conditions, if any, which gove) (b)	TOSCIETOTIC II	caru disease		Over 2 yrs.
	rise to immediate cause (a), Stating the underlying cause DUE TO				
	lost. (c)				
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL D SEASE CONDIT	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY
	Diabetes mellitus -	over 9 vre			PERFORMED?
	三 2Da EXTERNAL CAUSE WAS 2Db DESC	RIBE HOW INJURY OCCURRED ((Enter nature of injury in Part	I ar Part II af item 18.)	, hand
	chook of behin.				
		URY OCCURRED 20e PLAC	E OF INJURY (Home, farm,	20f. (City or fown)	(Caunty) (State)
	Hour a.m. While at wark	Not While facts	ary, street, affice bldg., etc.)		
	21. I certify that I taak charge of the remo	ains described abave, he	ld an Autapsy , I	Inspection X), Inquir	y k and in my apinian
	death resulted fram: Nateral couses 🔀	Accident, Suici	ide 🔲 , Hamicide 🗌	. Undetermined man	nner 🗍
	ACTUAL ACTUAL	1	CHIEF MEDICAL EXA	MINER [
	SIGNATURE SIGNATURE	77	M.D. ASSISTANT MEDICAL	. EXAMINER	22. DATE SIGNED
	EXAMINER'S John Kehoe, M.D.	Riverdale, Md	DEPUTY MEDICAL EX	XAMINER [23] ly, lawn, or county)	11-23-66
	23g. BURIAL CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	11441020 (011401) 611	23d. LOCATION (City or Town	(County) (State)
	REMOVAL (Specify) Burial 11/28/66			, ,	, , , , , ,
	24. FUNERAL DIRECTOR 4.209 C	uit and Road	25a. RFC'D BY	REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
		nd. Maryland	DATE VO	V 20 1966	Charles Judge

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

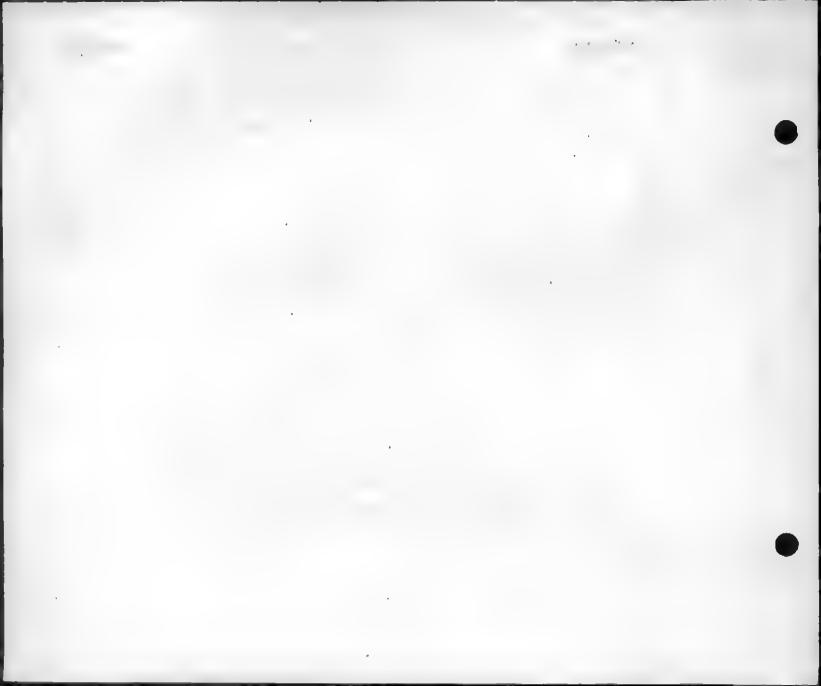
16075

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16076

A STAIC		70049	MEDICAL EXAMINER 5	CERTIFICATE OF	DEATH	10000
H DEPT.		PLACE OF DEATH			here deceased lived, if institution	
e to t		Prince George's	MARYLAND	a. STATE Maryland	b. COUNT	George's
Department of urs offer death.	-	CITY OR TOWN (f autside carporate limits,	C LENGTH OF STAY IN 16		ide carparate limits, write RURA	
epartmer s ofter de		write RURAL and give nearest tawn)		1		1/1 /
offe	\vdash	Cheverly NAME OF HOSPITAL OR INSTITUTION (If not in	DOA	Mt. Raini	er	e IS RESIDENCE
72 hours		S NAME OF POSCHAL OR INSTITUTION (IT NOT IT	nospiral, give street address)	g ZIKEEL WODKEZZ		ON A FARM?
# 19 19 H		Prince George Genera	al Hospital	3123 Perr	v Street	YES NO 5
in 72 H		NAME OF Frst	Middle	Lost	4. DATE Month	Day Year
_		DECEASED Type or print) Mary	Elizabeth	James	OF DEATH	33 19 66
within	5		MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF JNDER 1 YEAR IF UNDER 24 HR
<i>≤</i>	T	emale White	VIDOWED DIVORCED	29 Aug. 190/		Months Days Haurs Min.
event	100	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (State of	r fare an (auntry)	12 CITIZEN OF WHAT
	dur	ng most of warking life even if retired) TOUSE WITE	INOUSTRY	Virginia		UCOUNTSY? A.
ony		FATHER'S NAME	1	14. MOTHER'S MAIDEN NA		3
אחם תו		William N Child	lnogg:	Tillian G	ertrude Clei	ments
and	15	WAS DECEASED EVED IN HE ADMED SODIES?	TA SOCIAL SECURITY AND 17 17	NEODWANT	Address	
7 ~	(∀€	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af ser	VICE)	mod C Tom	og Samo	as # 2
removol			k20-10-9102 0a	mes C. oam	op Dame	
9		PART I DEATH WAS CAUSED BY-	er the lan (a) (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH
mation, or re		IMMEDIATE CAUSE (a) _	Heart failure			ninutes
cremation,		DUE TO	Arteriosclerotic	heart diseas	е	over 7 yrs.
3		Conditions, if any, which gove is to immediate cause (a).				
		stoting the underlying cause DUE TO				
		lost.				
O guriol,	2	PART II OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
\$ 0 2	CERT F CATION	Diabetes - know	m over 5 vrs.			YES NO
pror †	1 50	20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20h DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ort I or Part t1 of item 1B)	· · · · · · · · · · · · · · · · · · ·
<u>.</u>	8	CAUSE OF DEATH				
į.	MEDICAL	20c TIME OF IN. JRY Manth, Day, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm,	20f (City or town)	(County) (State)
, 2000	WED WED	Haur a.m. 19	While Nat While fact	ary, street, affice bldg., etc.)		
		21. I certify that I taak charge af		ld an Autaney	inspection by Inquit	ry 🔀, and in my opinio
		death resulted from: Natural co			Undetermined mon	f Laboratory of the second
5		dealth lessified ffullt. Hallord Co.	Active) , Active) , 30ic	CHIEF MEDICAL E		Innel [_]
5		ACTUAL	My by	400400440 140040	AL EXAMINER	22. DATE SIGNE
		SIGNATURE	1 27 1	M.D. ASSISTANT MEDICAL		
2		NAME (Type) John Kehoe, A	.D. Riverdale, M		ety, town, ar county)	77 71 //
	23.	BURIAL CREMATION 23b DATE THEREO			23d LOCATION (City or Town	11-14-66 n) (Caunty) (State)
Health or its designated agen		11-16-19 11-16-19	966 Oakwood	CREME TORY		Va (coony) (sidile)
		FUNERAL DIRECTOR	ADDRESS	25g RFC D	1	ISTRAR S SIGNATURE
	1 2	TOTAL DIRECTOR	773 7 11 47 27 11	. ===	250 REG	

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16076 FOR STATE HEALTH DEPT. P.M.3. Page delay is in penci in Item 18. Give Pages 1, 2, and 3 to Nith the State Demantment of within 72 haurs after death. the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 haurs after death emer event Haalth or its les gnated agent, priar to bur al, cremation, or remayal, and in any pages <u>=</u> 5 may be retained far yaur files

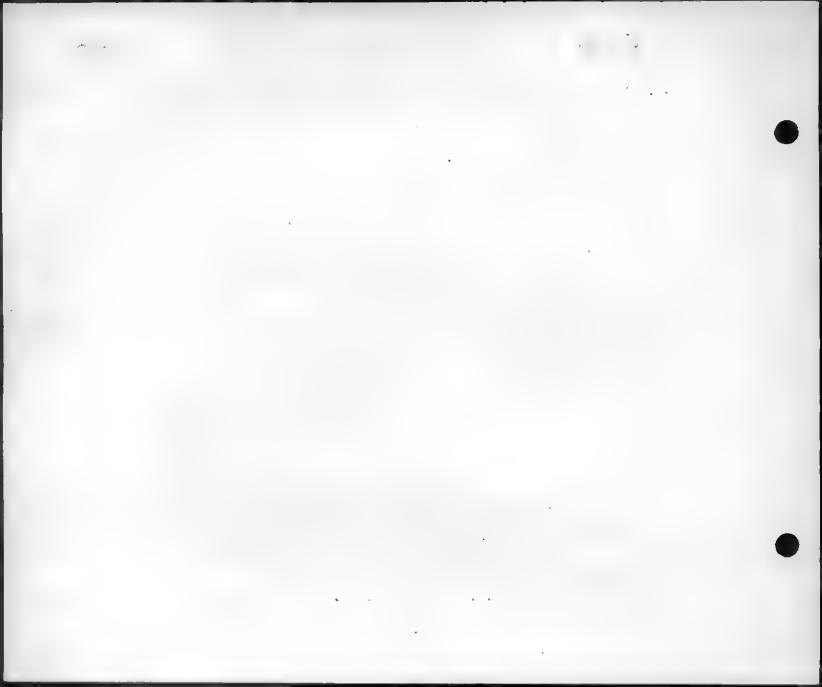
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit necessary, please execute the certificate, writing the ward "pending"

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1603	76	MEDIC	AL EXAMINER	'S CERTIFICA	ATE OF	DEATH		16077	1
	PLACE OF DEATH				2 USUAL RES	IDENCE (Whe	ere deceosed i	ved, if institution	Residence befor	e admission)
		nce George	S	MARYLAND		fland			George	18
	b CITY OR TOWN (If outside corporate limit give nearest town)		LENGTH OF STAY IN 16	c CITY OR TO	Wh (If outsid	de corporate i r	n ts, write RURAL	ond give neores	t town)
	College I			hrs.	Hvati	sville	pi .		16	./
		AL OR INSTITUTION (If n			d STREET ADE		~			e IS RESIDENCE
R	ear of 72	242 Baltimo	re Blvd.		3911 (liver	Stree	ŀ.		ON A FARM? YES NO 3
3	NAME OF		rst	Middle	Lost		DATE	Month	Doy	Year
	DECEASED (Type or print)	Tor		Dormon	Tonon		OF	77	5	19 66
_	SEX	6 COLOR OR RACE	7 MARRIED 🖵	Davies NEVER MARRIED	Jones	Ц	DEATH 1 0 AG	mile adm	IF UNDER 1 YEAR	I IF UNDER 24 HRS
	31/1		L.				la:		Months Doys	Hours Min
	ale	White	WIDOWED	DIVORCED	30 Jan.			**-		
dur	ing most of working		INDUS			•	foreign country	r)	2 CITIZEN OF COUNTRY?	
12	FATHER'S NAME	visor	Wate	er Works	Penr 14 MOTHER'S		ır		U.	5.
13		Tonos					uc.			
	David		_			nown				
	es no or inknown)	R MUS ARMED FORCES? (If yes give wor or dotes)		AL SECURITY NO	7 INFORMANT	T) T		3100 I	Homehui	et Ave
	0.47				Louise	h. J:	ones	Pilus	ours, E) <u>e </u>
		EATH (Enter only one co. IH WAS CAUSED BY	. , ,							ERVAL BETWEEN SET AND DEATH
	PARI I. DEAI	ATTACOM LA VE CALLEE	(o) Intox	ication car	bon Mono	ride			ON.	JET AND DEATH
	1/31								1	
	Conditions, if ony,		(b)							
	rise to immediat		, ,							
	stoting the under	riving couse	[c]							
		7		Farm of the state	***	A	ripai cualt u		110	WAS I TODAY
MEDICAL CERTIFICATION	PAKET UTHER SE	GWFFCANT CONDITIONS	ONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE CONDII	HON GIVEN IN	PARI 1(0)		WAS AUTOPSY PERFORMED? ES NO 🔀
E	2Do EXTERNAL (A PRIMARY A or COI	USE WAS	2Db DESCRI	BE HOW INJURY OCCURR	ED (Enter nature of	njury in Port	t I or Port I o	fitem 18)		
ERT	PRIMARY A or COI	NTRIBUTING 🗀			1	. ,				
AL (above blood by Many		hose from 6	PLACE OF INJURY (H			y or town)	(County)	(Stote)
EDIC.	aboution on	JRY Month, Doy, Year n.	Whe -	Not While	foctory, street, office	b da , etc)	201 (CI	y or rown)	(County) M	id. (Stole)
22	3 . OO ant !	77-5- 19	66 of work	ot work Re	ear of 72	2 Bal	timore	Blvd.	College	Park.
	21. I certif	y that I toak chorg	e of the remain	ns described above,	held an Autops	у 🔲 , 🦪	inspection [Inquir	y xd. and	n my opinion
	death result	ted fram: Natyr	al causes 🔲 ,	/Accident	Suicide 🔀 H	amicide [Undet	ermined mon	ner 🗌	
		ΛV	10 1	-	CHIEF	MEDICAL EXA	AMINER			
	ACTUAL SIGNATURE	Me	Muf		M. U		L EXAMINER	_	2	22 DATE SIGNED
	EXAMINER'S NAME (Type)	John Kahan	M D	Dimondala			XAMINER X	•	77 /	- 66
27.	BUR AL, CREMAT E	John Kehoe	EDENE 1	Riverdale.	114	7		ON (City or Town	1 -	154-4-1
230	REMOVAL (Specify								, , , , , ,	(Stote)
	buris		L-66 I	Ft. Line	oln		Blac	rensbur	rø, Lu.	
24	I. FUNERAL DIRECTO			ADDRESS		Sou RECIDIBY	L'REGISTRAB	SA 25b PEGE	TRAR'S SIGNATUR	use
	w. W.	Chranter	8 UO. M	iverdale,	Md.	DATE	T. T. IO.	7	1	1

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16078

1 _			0-10111		- 01/(11	·	1.	V (3 A ()	
1.	PLACE OF OEATH				2. USUAL RESIDENC	E (Where deceases	d lived, If instituti	on: Residence be	efore admission)
		e George	S MAR	YLAND	a. STATE	land	p. COUNTY	r. Geo!	s
ľ	b. CITY OR TOWN (if our write RURAL and giv	tside corporate lim	nts, c. LENGTH OF STA		C. CITY OR TOWN (If		te Ilmits, write Ri	URAL and give	nearest town)
	Forest Heigh	ts	8- Year		Forest He	eights		1600	/
-	d. NAME OF HOSPITAL C	R INSTITUTION (If	not in hospital, give street	address)	d. STREET ADDRESS			9.	IS RESIDENCE ON A FARM?
_	105- Huron D	rive SE.			105- Huro	on Drive	SE		S NO X
3.	NAME OF DECEASED	First	Middle	7.0	Last	4. DATE OF	Month	Day	Year
	(Type or print) P.HA	RRY	J.		earns	DEATH	November	öth	19 66
			ARRIED NEVER MARRII	ED 🔲	B. DATE OF BIRTH	9. AG	E (In years IF UN st birthday) Mon	The Dave	Hours Min.
	Wale Whi		IDOWED DIVORCI	ED 🔲	Sept. 7- 19	909 5	7 yrs.		
10a	a. USUAL OCCUPATION (Giv ring most of working life,	e kind of work done	10b. KIND OF BUSINESS O	R	11. BIRTHPLACE (Co	unty & State, er f	oreign country) 1	2. CITIZEN OF COUNTRY?	TAHW
401	Physician	ordin in rothical	V.A. Adm.		Washingto	n. DC.		USA	
13	. FATHER'S NAME		7 5655 12000		14. MOTHER'S MAID				
	John Kearn	s			Victoria	Geaney			
15	es, no, or unkown) (If yes p	J.S. ARMED FORCES	? 16. SOCIAL SECURITY N	0. 17.	INFORMANT		Address	C	
T CT		1 1 1	26)	Mr	s. Norma F.	Kearns	(Wife)	Same e	19
		Enter only one cau	se per line for (a), (b), and ((c).1					AL BETWEEN
	PART I. DEATH WA	S CAUSED BY:	(Formers)	7/2	moses	· Con	1186	UNSEI	AND DEATH
	iden imme		1		. /				·
	Conditions, If any, wh	DUE TO	axxxx 1	- ب	There Ann	500%	& Bus wa	0 6	1. ~
	gave rise to immedi	ate /	consuper ser	100	47 /Cryyesea	ng 1475	K U W	2 37	X 7
	cause (a), stating				/				
2	underlying cause last.	(c)	4						
2		. 41-	ONTRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITI	ON GIVEN IN PART	1(a) 19. W	VAS AUTOPSY PERFORMED?
S			Milletie					YE\$	□ NO 🔀
CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY ME	DERLYING [] AUSE OF DEATH	20b. DESCRIBE HOW INJU	URY OCCU	RRED. (Enter nature of	Injury in Part I	or Part II of Iter	m 18.)	
		1							
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Year	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City	or town)	(County)	(State)
밀	p.m.	19	at work at work						
-	21. I certify that	(I) (this hospital)	attended the deceased	from_C	ing 1	62 to 0	cr, 1	19 <i>66.</i> that	(I) (we) last
	saw the deceased	alive on COC	×11 1966	and that	death occurred at-	M. from	the causes and	on the date	stated above.
	22a. SISMATURE		1.				221	b. DATE SIGN	
	Burel	r- A	lufour	M.D	ATTENDING XX	MED. DIRECTOR [STAFF PHYS.	Nov. 9-	1966
	22c. PHYSICIAN'S				22d. ADDRESS				
/			hulman		915- 19th	Street	N.W. Wash	nington	,DC
238	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE	EOF 23c. NAME OF C				10N (City, town o	* * *	(State)
	B	Nov. 12-1	(A00 WLITTIE COL	n Nat	ional Cemet	ery - A	rlington,	, Va.	
24	FUNERAL DIRECTOR	Rood.	ADDRESS		25a. REC		R 25b. REGIST	TRAR'S SIGNAT	URE
		1661-Gd.	Hope Rd. SE.	Wash	DC DATE	1966	yelland	en Judg	R.
				AL CV VAI	-4364 1 0016			(/(/	

VR A.15 (4) 20M 1/65 .

Items 18-21 Film 387 3-27 MARYTAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPA 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY aurs after death. Prince George s

b CITY OR TOWN (if outside corporate mits, MARY, AND Prince George's Mary land t LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RuRAL and give nearest town) 5 months Riverdale Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Office alang with farm 5008 Rittenhouse Street 5008 Rittenhouse Street YES NO 10 3. NAME OF 4 DATE th the DECEMSED (Type or print) Rillie) DEATH Azilee (ennedv S. SEX 9 AGE (n years 6 COLOR OR RACE IF UNDER 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs WIDOWED DIVORCED April 1938 38 11. BIRTHPLACE (Stote or foreign country) White Female. 100 USUAL OCCUPATION (Give kind of work done ION KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY AROLIN South pages In any WAITRESS e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME MAGGIE TOWELL 足匠八位 IS WAS DECEASED EVER IN ... S. ARMED FORCES? be executed 16 SOC A. SECURITY NO ALLENE REEVES (Yes, no ar unknown) (fives a ve war or dates of service) a burial-transit permit. cremation, ar remaval, UNIKNOWN S. CAROLINA. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN MONSET AND DEATH Drowning IMMEDIATE CAUSE (a) certificate shauld DHE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPS PERFORMED? YES X NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Jem 18.) Health ar its designated agent, priar PR MARY ED or CONTRIB. T NG Fell in bathtub full of water CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, off ce bldg , etc) While of work I FUNERAL DIRECTOR: Page 1966 P.G. the funeral director. Page 2). I certify that I taak charge of the remains described above, held an Autopsy [x]. Inspection of Inquiry 🔀 ā and in my apin an Acadent X death resulted fram. Natural causes Suicide . Hamicide 🗍 Undetermined monner 5 may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 11-8-66 Riverdale, Md. Kehoe, M.D. Address (Street, city, town, of county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) 0 FURT LINCOLN 11-NOV 1966 24 FUNERAL DIRECTOR 25o, REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) DATE NOV 1966.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	5	Û	7	9	
---	---	---	---	---	--

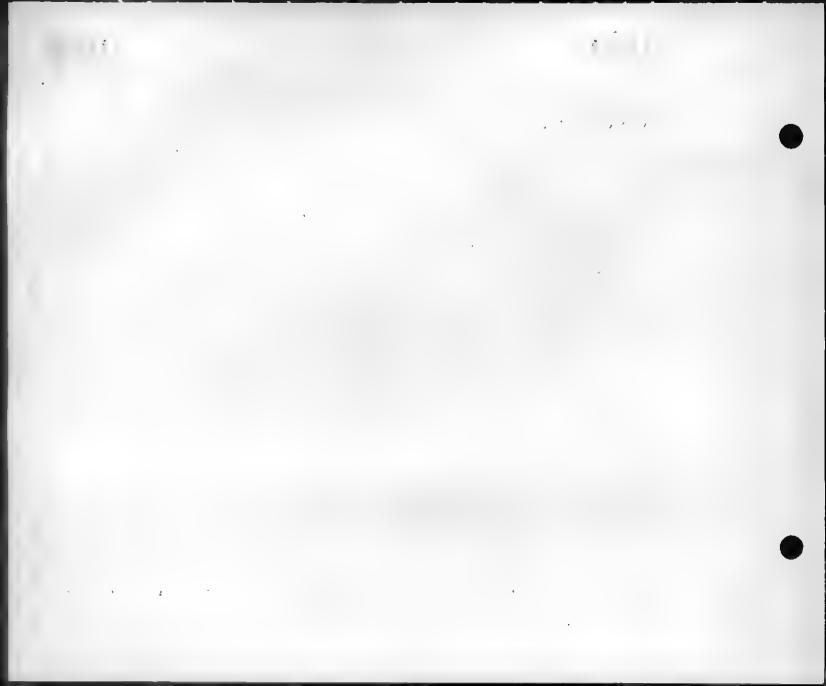
CERTIFICATE OF DEATH

16080

I. PLACE OF DEATH o. COUNTY	Prince Geor	ge's MARYLA	o. STATE	IDENCE (Where deceosed Maryland	lived, if institution: b. COUNTY.	Residence before odmission of the control of the co	on) I Se S
write RURAL or	(If outside corporate limits, nd give nearest town) rly. **Id.**	c. LENGTH OF STAY IN	ib c. CITY OR TO	WN (If outside corporate Bladensburg	limits, write RURAL (ond give neorest town)	
d NAME OF HOSP	ITAL OR INSTITUTION (If not in	hospital, give street oddress) ing Home	d. STREET ADD 5201	Upshur Str	reet.	e IS RESI ON A F YES	
3. NAME OF DECEASED (Type or print)	Edna Edna	Middle	Kraft	4. DATE OF DEATH	Month Nov	15, 19	66
female	libito	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dec 12,			enths Days Hours	Min
100 USJAL OCCUPATION during most of working	DN (Give kind of work done g life, even if retired) EWLIE	10b KIND OF BUSINESS OR INDUSTRY OWN home		E (County & State, or foreign ngton D. C.		GOUNTRY?	
13. FATHER'S NAME Fle	tcher Cauffma	n		maiden name ertrude H F	Physell		
1S WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U.S. ARMED FORCES?) (If yes give wor or dates of se	16. SOCIAL SECURITY NO. 1916 220 09 5741	17. INFORMANT Philip H	Kraft Bj	Address La den sbur	g, Md.	
PART 1. DE. Conditions, if on rise to immedic stoting the und lost.	ofe couse (a), lerlying couse (c)	Human TRI Gr	ecc (er Einen		ONSET AND I	, .
CATIO		RIBUTING TO DEATH BUT NOT RELAT				PERFORM YES	NO E
OR CONTRIBUTIN (IF EITHER, NOTIF	'AS UNDERLYING 🗔 'G 🗀 Cause of Death 'Y Medical Examiner)	205. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of	injury in Port I or Port II	of item IB)		
[윷] Hour o	JURY Month, Doy, Yeor i.m. b.m.	20d INJURY OCCURRED 2 While Not While of work of work	De PLACE OF INJURY (He foctory, street, office I		City or town)	(County)	(Slote)
sow the	deceased alive on	all attended the deceased fr	om — Ch /	rred at <u>2:40 A</u> M,	from causes and	, 19 <i>66,</i> that (I) (d an the date stated	we) las d obove
220. SIGNATUR	bert !	Hellet	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	22b. DATE STONED	_
22c. PHYSICIAN NAME (Typ		Hottel	22d, ADDR 1222	Monroe St.	N. E. 618	7 20017 ash. D. C.	
230 BURTAL CREMAT REMOVAL (Specif	(y) Nov 18 1				TION (City or Town) ngton	(County) (S Virginia	Stote)
24. FUNERAL DIRECT	OR	ADDRESS Ivattsville. Md.		SO, REC'D BY REGISTRAR		RAR'S SIGNATURE	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remover, and in any event, within 72 hours after at the Page 4 may be retained by the haspital ar attending physician.

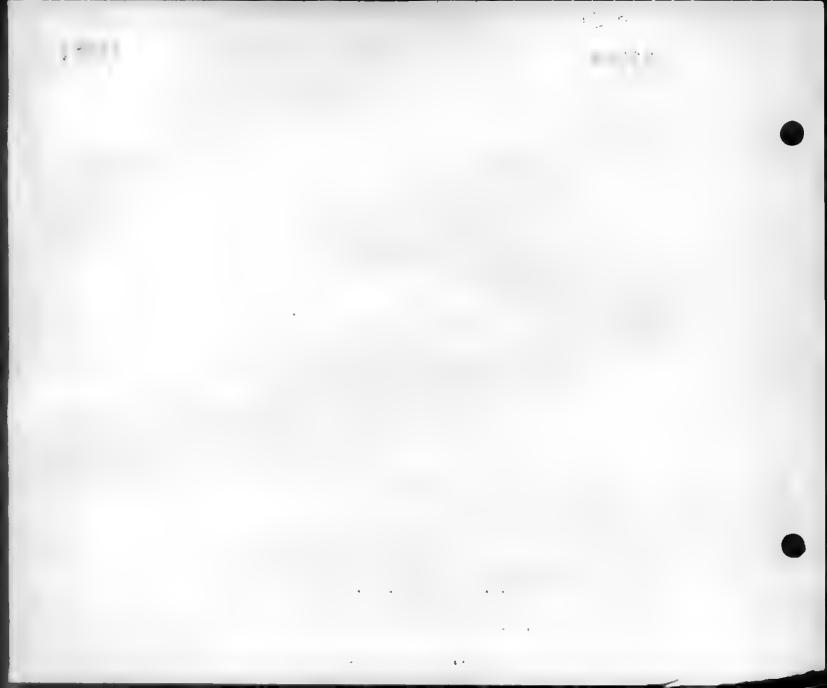
VR A15 (4) 20 M 1/66



FOR ST	ATE		16080	MEDIC	AL EXAMINER'S	CERTIFICATE O	F DEATH	16081
EALTH	DEPT.		LACE OF DEATH			2 USUAL RESIDENCE (Where deceased ved, if institut o	n: Residence befare admission)
16 G 37	± €		Prince George	10	MARYLAND	o STATE Maryland	b. COUNT	
P 3 4	death.		CITY OR TOWN (f outside corporate lim	its (LENGTH OF STAY IN 16	MITALY LATIO	its de corparate limits, write RURA	ce George's
delay and 3 13. Pa	m e		write RURAL and give nearest town)	113,				at bild give hearest lawing
Ty del 2, alld P.M3.	fre		Cheverly		DOA	Suitlar	nd	110,
.5	o o a a		NAME OF HOSPITAL OR INSTITUTION (1)	not in hospito, give	street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
atter death. It a 8 Give Pages 1, alang with form	state Department of hours after death		Prince George Gen	eral Hosp	ital	4611 Brook	field Drive	YES NO
ath Pag Th	S to		IAME OF	Frst	Middle	Lost	4 DATE Month	. Day Year
de ⊠ ≪	E		PECEASED Type or pnnt) Jo	nn	J 1	Kundlva	OF DEATH	2 19 64
fer Giv ing	(Fig.	5		7 MARRIED		B. DATE OF BIRTH		IF UNDER 1 YEAR 1F UNDER 24 H
च ⇔ व		35		WIDOWED			last birthday)	Months Days Hours Mi
haurs al Item 18 Office al	d 2		USUAL OCCUPATION (G ve kind of work dor		D VORCED GE BUSINESS OR	8-13-1907	59 yts	L 10 CITIZEN CC VIIIAT
na Ter Off	e e	dur	AND TO TO LANGE TO A SERING OF MORE GOLD	8 IND KIND	truction	11 B RTHPLACE (State	or tareign country)	12 CITIZEN OF WHAT COUNTRY? USA
S. n. s.	SS A			Cons	truction	New York		USA
<u> 1</u>	pages land2 in any event	13	FATHER S NAME			14 MOTHER'S MAIDEN	NAME	
w thin a n pencil Examiner			Unknown			υ	ınknown	
	File	15	WAS DECEASED EVER IN U.S. ARMED FORCES	2 16 SOC	IAL SECUR TY NO 17	INFORMANT	Addres	
navia be executed ward "pending" in the Chief Medical I	burial-transit permit. mation, or remayal.	(Ye	(If yes give wor or date	at service)	R	obert M. Har	son 301 Cedarv	ille Mobile Hor
Mex a	e B		IB. CAUSE OF DEATH (Enter only one of	ouse per line far (a),	(b), and (ε).)			INTERVAL BETWEEN
e in the	insi or r		PART I. DEATH WAS CAUSED BY-	E (o) Heart	failure			ONSET AND DEATH
	P. 5				sion of left	AAMANAMIT AM	of one	minutes
shaula e ward the Ch	in in		Conditions, if any, which gave 1				<u> </u>	unknown
	pm .		rise ta immediate couse (a),	E TO	iosclerotic l	neam. In seas	e	unknown
or a	D 2		stating the underlying couse	10				
T T E	as, c		lost,	(t)				
s certificate sh e, writing the farwarded to t	used as a burial-tr. burial, cremation,	×	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
ē, ē ⊡	to be	ATEC	Diabetes - kno	m over /	vears			YES X NO
leke: This (certificate, auld be fai	φ μ	MEDICAL CERTIFICATION	20g EXTERNAL CAUSE WAS	20b DESCR	BE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part I of item 1B.)	
certifi auld	shauld I	CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				· ·	
	S = 1	R	20c TIME OF N.JRY Month, Day, Year	2 2Dd INIII	Y OCCURRED 20e PsA	CE OF INJURY (Hame, farm	a, 20f (City ar fewn)	(Caunty) (State
the 4 s	G 6 2	ÆD!	Haur a.m		Nat While fact	tary, street off ce bldg , etc)		(2.0.6
y y ge	5 5 5	<	p.m. 19					
Po Po	RECTOR: Podesignated		21 I certify that I took char	ge of the remoi	ns described obove, he	eld on Autopsy 🔀 ,	Inspection 🔀 , Inqui	ry 🔀, 🛮 and in my opin
e 6	DIRECTOR: s designate		death resulted from Noty	rot couses 🔼	Accident, Suic	ide 🔲, Homicide	Undetermined mo	nner 🔲
ase red	es Se		110	A		CHIEF MED CAL	EXAMINER	
mEUICAL EXAMIN please execute the I director. Page 4 sh	- 🖎		ACTUAL SIGNATURE	110	17		ICAL EXAMINER	22. DATE SIGN
	Z Z		77707	1.1			AL EXAMINER X	77 1 //
necessary, the funera 5 may be	O FINERAL I		EXAMINER'S John Kehoe,			Address (Street	, city, tawn, or county)	11-4-66
c received the second	# B B	230	BUR AL, CREMAT ON, 23b DAYE T				23d LOCATION (City or Tow	n) (County) (State)
	2~		REMOVAL Specify Nov.	7, 1966	Calvary Cemet	tery	New York Cit	y, New York
		24	CHUCOAL DIDECTOR: 4 4 4 5	4 42	ADDDECC	De- peri	DV DECICTOAD DEL DEC	CTDADIC CICHATURE

VR A15ME (5) 6M 1/66

MCTORWilhelm Funeral Home ADDRESS 4308 Suitland Rd., Suitland Md.



delay

hours ofter death

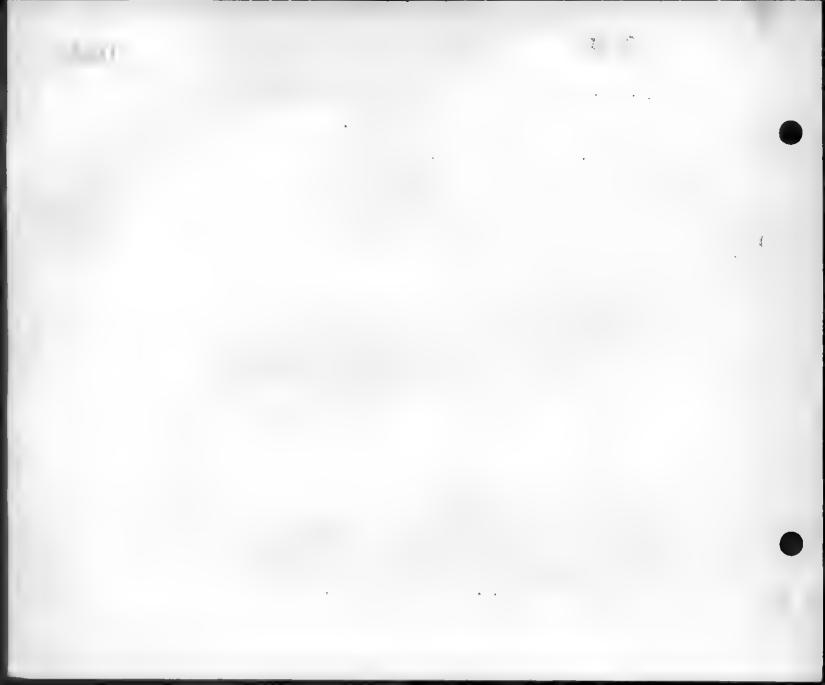
This certificate should

hours Stote ne L within event any gud Ø removo!, ă molion, buriol, 1 nseq prior ta 3 should

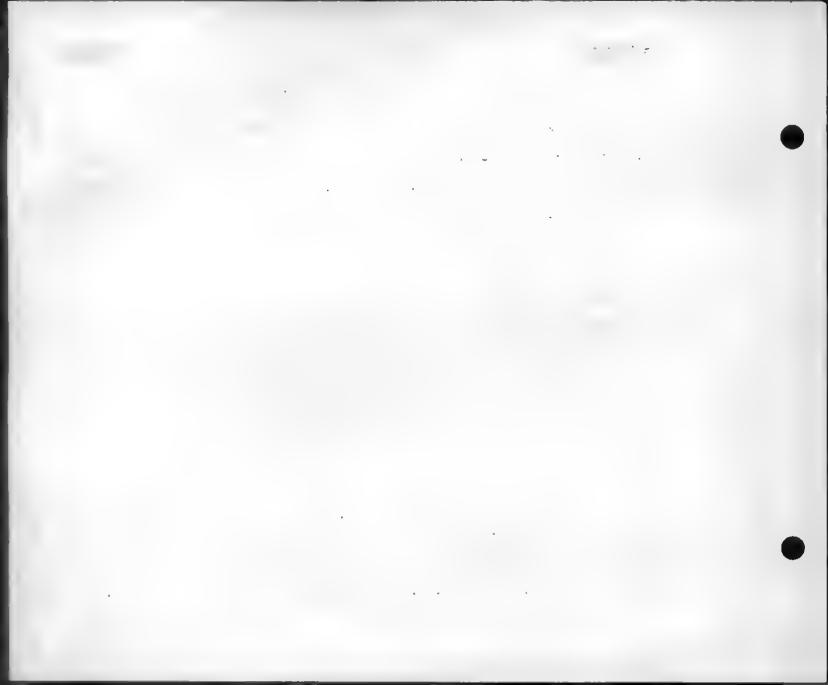
3 ta Page CLENGTH OF STAY IN 16 b C Ty OR TOWN (If outside corporate mits, puo P.M.3. write RURAL and give negrest town) 3 hrs. 40 min Hyattsville Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ong with form 8208 Allendale Rdive. Prince George General Hosp. 3 NAME OF Middle 4 DATE Inst DECEASED (Type or print) King aCovev DEATH Gladys S SEX 6 COLOR OR RACE B DATE OF BRITE 9 AGE (n years 7 MARRIED NEVER MARR ED lost birthdoy) WIDOWED DÍVORCED 🔀 Sept. 1908 Female. Uhite 10a USUAL OCCUPATION (Give kind of work dane 106 K ND OF BUSINESS OR 1) B RTHPLACE (State or foreign country) during most of working life, even fret red) Practical Nurse **NDUSTRY** Washington, D.C. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marcus King Unknown IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service) "pending" 578 36 1966 Edw. B. LaCovey, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY Pulmonary edema and congestion IMMEDIATE CAUSE (a) the certificate, writing the word 4 should be forworded to the Ch DUE TO Acute intoxication - Barbiturates Conditions, flony, which gove (b) rise to immediate couse (a). **DUE TO** stating the underlying couse lost. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) PR MARY TO ONTRIBLE NG Intested overdose of barbiturates CAUSE OF DEATH its designoted agent, 20c TME OF NJURY Month, Day, Year 20d INJURY OCCURRED . 20e PLACE OF INJURY (Home, form Haur o.m. While Not While factory, street, office bldg., etc.) of wark moy be retained far your FUNERAL DIRECTOR: Page 11 10 19 at wark 21. I certify that I took charge of the remains described above, held on Autopsy [x], Inspection 50, Suicide P the funeral director. death resulted from: Notural couses [Accident [Homicide CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER (SCI **EXAMINER'S** Kehoe, M.D. Riverdale, M.d. Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify Burià Glenwood 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5) Lee Funeral Home Washington, D. C. DATE 6M 1/66

16681 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a COUNTY b COUNTY Prince George's Prince George's MARYLAND Maryland c CITY OR TOWN (If auts de corporate limits, write RURAL and a ve nearest tawn) e 5 RESIDENCE ON A FARM? YES NO EX 66 IF UNDER 1 YEAR IF LINDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO YES 🔀 (City or town) (County) (State) Ivattsville Pr. Geo. Md. Inquiry [x], and in my opinion Undetermined monner 22 DATE SIGNED 11-13-66 23d LOCATION (City or Town) (County) Washington. 2Sb REGISTRAR S S GNATURE

TITLE TO STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



CERTIFICATE OF DEATH S ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) PLACE OF DEATH o. STAMary land o. COUNTY **b.** COUNTY Prince George's Prince George's emave carban papers Pages 1 any event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b. CITY DR TDWN (If outside corporate limits, write RURAL and a ve nearest town) Cheverly 6 days Cedar Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? campletely filled in d STREET ADDRESS Prince George's General Hospital 62nd Place YES NO 815 First 3. NAME OF Middle Lost 4. DATE Month DECEASED
(Type or print) OF John November 12xxkx Ε. Lewis DEATH AGE (In years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remave lost birthdoy) Months Hours DIVORCED WIDOWED Male Colored /02 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT 10p JS_AL OCCUPATION (Give kind of work done = during most of working life, even if retired) COUNTRY? 5. 12 INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME e a signed by the attending phy burial-transit permit. Then burial, cremation, ar remaval Knicwn. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO phenonena a Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept, of Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YESXX NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bidg, etc.) While Not While ot work of work to November 129 66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_11/6/66 . 19 and that death accurred at 2.40 M, from causes and an the date stated above. ov. 1966 saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Edwin Jensen, Μ. Prince George's General Hosp. Cheverly Mc 23c NAME OF CEMETERY OR CREMATOR) 230 BURIAL, CREMATION, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



	17)	i
91	No. of the	U
	ALE STATE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deatl Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16084

				O.		EUFRESS:
1. PLACE OF a. COUNT		MARYL	AND	2. USUAL RESIDENCE 8. STATE	b. COU	astitution: Residence before admission) NTY ANNERUNOEL PROPERSIONAL
b. CITY O	R TOWN (if outside corporate I				utside corporate limits, w	rite RURAL and give nearest town)
write	RURAL and give nearest town)	25 yr		Crofto		
		(If not in hospital, give street ad	(dress)	d. STREET ADDRESS		8. IS RESIDENCE
		ig Home		1537 Eta	nricy	ON A FARM?
3. NAME OF	First			Lest	4. DATE Mont	th Oay Year
OECEASE((Type or	print) Anna	M	L	ockhart	OF DEATH ITOV	20 19 65
5. SEX	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F	White	W100WED TO DIVORCE	i⊓ Se	ot 5, 188	2 last birthday) 84 yrs.	Months Days Hours Min.
10a. USUAL OC	CUPATION (Give kind of work don	ne 10b. KINO OF BUSINESS OR		· · · · · · · · · · · · · · · · · · ·	nty & State, or foreign country	
during most o	f working life, even if retired)	INOUSTRY		31 . 37		COUNTRY?
13. FATHER		l own home		New Yor		U.S.
				14. MOTHER'S MAIDE		
	cobs Huntz				th Krust	
15. WAS DECI	EASEO EVER IN U.S. ARMED FORCE kown) (1f yes give war or dates of ser	ES? 16. SOCIAL SECURITY NO.	17. 11	NFORMANT	Addre	ess E 20 Te + a see
No	(II) co gira was or accept oca	050 12 259	1 Mr	s. Henry	J. Miller [±]	537 Etonway
1	SE OF OEATH [Enter only one ca	ause per line for (a), (b), end (c)				I INTERVAL BETWEEN
	T I. DEATH WAS CAUSED BY:	Att. D.	1	. 1		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	and free	non	of winn		- reg
	V. DUE TO	1 1		1/11		200
	is, if any, which (b).	action a	when	pen as	سرمر	Goung an
	a), stating the DUE TO					
	g cause last. (c)					
PART II. C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUTN	OTRELATE	ED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMEO?
[SA]						YES NO
20a. ACC	IOENT WAS UNDERLYING	20b. DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter nature of I	njury in Part I or Part II	of Item 18.)
	IOENT WAS UNDERLYING ☐ RIBUTING ☐ CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER	8)				
	ME OF INJURY Month, Oay, Yea	ar 20d. INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, farr	n, 20f. (City or town)	(County) (State)
□ Ho	ur e.m. p.m. 19	While Not While at work	Tactory,	, street, office bldg., etc	.)	
21 (17/16 19	to har o	O, 1946, that (I) (we) last
		al) attended the deceased fr		H I		
22a, SII	he deceased alive on	(1) /t00 19 al	no that/e	leath occurred at	wi, from the causes	and on the date stated above.
220. 311	STOTATIONE	A CONTRACTOR OF THE PARTY OF TH		ATTENOING - MI	ED STAFF	1// 2./.
OO DII	YSICIAN'S	he	M.D.	PHYS. DI	RECTOR PHYS.	11/21/1/
	ME (Tuna) t	1 ESTECVV			AUE MT R.	SetiED and
	LEON K.	LEVITSKY				MIRIER, MD-
23a. BURIAL REMOV	CREMATION, 23b. DATE THE	EREOF 23c. NAME OF CE	METERY C	OR CREMATORY	23d. LOCATION (City, t	town or county) (State)
Buri	al <u> 11</u> _25	-66 Ft Li	fcol.	n	Bladenab	ourg, Ad.
24. FUNERA	L DIRECTOR	ADDRESS		25a_ , REC'	BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE
YV .	w. Chembers	Co. Riceruale	, 110	DATE	5 1966 Jack	carles Judge
				1 100.00		

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH n COUNTY a STATE b COUNTY Poge O deoth Prince George's MARYLAND Prince George's Marvland b CITY OR TOWN (If outside corporate mits. CLENGTH OF STAY IN 16 c CTY OR TOWN (If autside corparate imits, write RURAL and give nearest town) and write RURAL and give nearest town) after Cheverly 126 mins d NAME OF HOSPITAT OR INSTITUTION (If not in hospital, give street address) 26 minutes Seat Pleasant d STREET ADDRESS IS RESIDENCE ON A FARM? hours 18. Give Pages I along with form ote YES NO EX Prince George General Hospital 7126 Wilburn Drive hours after death, 3 NAME OF Middle last 4 DATE Month e St 72 DECEASED 0F Lundstrom. ÷ (Type or pont) DEATH C John With S. SEX 9. AGE (In years F UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED Months ast birthday) WIDOWED DIVORCED 6-7/8-191/ exent Office 54 Malke and 10a SUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (State ar foreign country) 10b KIND OF BUS NESS OF 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? S.A. Manchester, N. H. Govt. Vino d'pending" in penct in Chief Medical Examiner's poges pencl 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME ⊆ Nathaniel J.Lundstrom(dec.) Christine Purdue (dec. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT ar removal, (Yes no ar Jaknown) (If yes give wor or dates of service) 578-01-8013 Helene Lundstrom Shat Pleasant, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a). This certificate should e, writing the word forwarded to the Cl Arteriosclerotic heart disease cremotion, DUE TO lunknown bursal Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause last. burial, PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO X 9 prior to 20g EXTERNAL CAUSE WAS 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ should CAUSE OF DEATH. designated agent, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Page of work at wark 2) I certify that I took charge of the remains described above, held an Autapsy ... Inspection , Inquiry [ond in my opinion death resulted from: Natural couses 🔀 the funerol director Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth or DEPUTY MEDICAL EXAMINER DC NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city town, or county)

Nov. 22/66 Arl. Natl. Cometery Arlington 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR Nalley! Funeral 1966 6M 1/66 Homa Inc.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

(County)

Marley

(State)

Vs.

VR A15ME (5)

230 BURIAL CREMATION

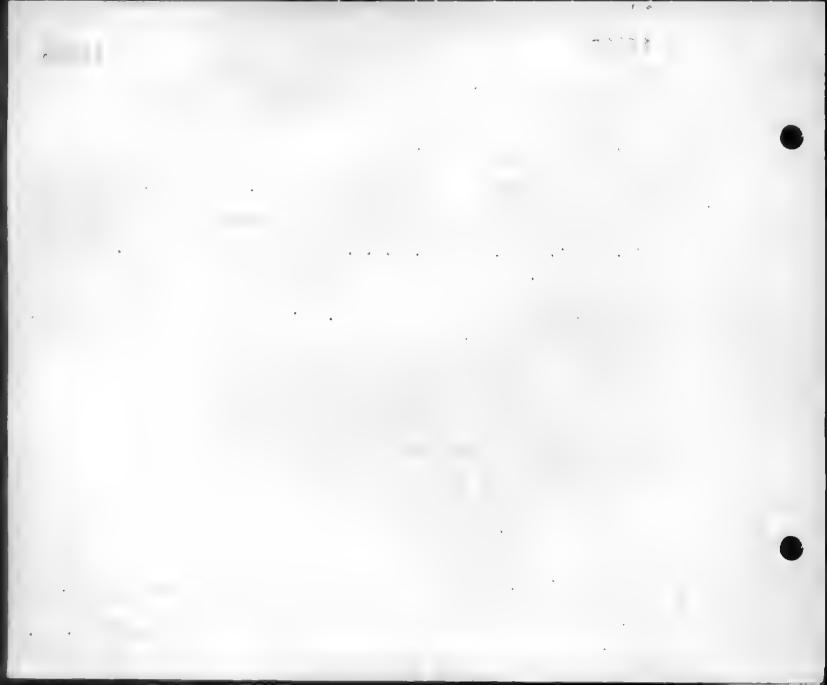


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

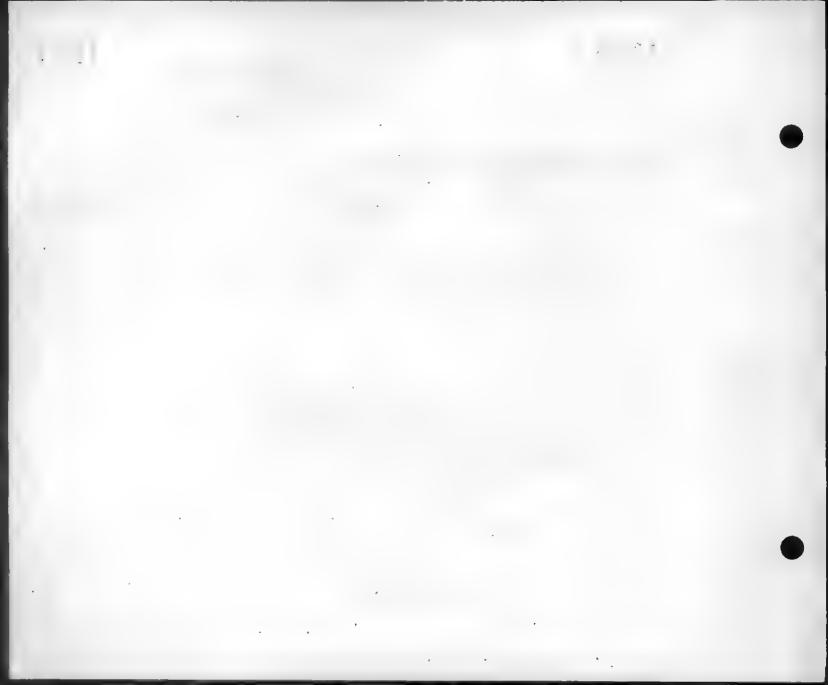
	16035			•	CERTIFICAT	E OF	DEAT	H				16	086
	PLACE OF DEATH					2 USI	JAL RESIDE	NCE (Whe	ere deceased li	ved, if instituti	ian Resideni	te befare	admissian)
		rincle			MARYLAND	a. S	Mary 1	Land			ince		
	b CITY OR TOWN (IF	autside carparate	limits,	c. LENGTH	OF STAY IN 16	c CITY	OR TOWN	(If autsic	de corparate lu	nits, write RUF	RAL and give	tretten e	tawn)
	write RURAL and	neverly)	7 day	s		Hyatt	:svi]	lle			16.	./
	d. NAME OF HOSPITAL	OR INSTITUTION	(If not in has	pital, give street a	ddress)	d. STR	EET ADDRES	SS				9	IS RESIDENCE
	Prince	George	s Gene	ral Hosp	ital		6603	Wel	lls Pk	wy		YE	ON A FARM?
	NAME OF		Firs1		Middle		Last	4	DATE	Ment	h	Day	Year
	DECEASED (Type or print)		Jerone		K	Ly	le.	Sm.	OF DEATH	Nov	7	6	19 66
	1	6 COLOR OR RAC		RRIED R NEVE	R MARRIED		OF BIRTH		9, AG	E (In years	IF UNDER	YEAR	IF UNDER 24 HRS
	Male	White		OWED	DIVORCED			1.39	011 65	st birthday) Yrs.	Manths	Days	Haurs Min.
10a	LISUAL OCCUPATION (Give kind of work	done	ION KIND OF BUSH	NESS OR				tate, ar fareign		12 (11	IZEN OF Y	WHAT
dur	ing mast of warking life	e, even if retired)	Jaani	INDUSTRY	. I.C.C		lissi	r		17	*T (0	UNTRY?	
13	FATHER S NAME	II er	1681.11	is exam	. т.о.о		OTHER'S MA				0.0	2 6 4 2 6	
	William	Frank-	an T	r7 ^					atson				
tc	WAS DECEASED EVER			16. SOCIAL SECU	DITY NO. 12	INFORM			a ca OII	Addre			
	es, na, ar unknawn) (I										-		11-
					M	rs.	Laur	<u>:а Н</u>	ayes	Lyle-	See		
	1B. CAUSE OF DEA	TH (Enter anly an WAS CAUSED BY:		- 1 10 1 2	1 1		,		1	1 1	\		VAL BETWEEN
	PAKI I. DEAIN	IMMEDIATE C		Cere	bral H	e mi	orrh.	29C	_ (selu	1 auch	CX)	6	AND DEATH
	465X		DUE TO		,			,	,	<u> </u>	/		
	Conditions, if any, v		(b)	Cereb	Y2 (A	rte	11050	ler	0565	V		Seve	nal Years
	nse to immediate stating the underly		DUE TO		9	, .				1 1			
	last.)	(c)	Pulmona	y Emb	oll	ω	pul	menay	1 Muff	uctio	1.	
CERTIFICATION	PART II. OTHER SIGN	VIFICANT CONDITIO	ONS CONTRIBU	TING TO DEATH BU	IT NOT RELATED TO	THE TERM	MINAL DISEAS	SE CONDI	TION GIVEN IN	PART I(a)		P	VAS AUTOPSY ERFORMED?
S	20g. ACCIDENT WAS U	INDERLYING [7]	13	05. DESCRIBE HOW	INJURY OCCURRED	(Enter no	ature of inv	ızv in Par	rt Lar Part II c	of Item JB.)			XX L
CERT	OR CONTRIBUTING E	CAUSE OF DEATH		obs beschipe from		. (611161)11		.,					
MEDICAL	20c. TIME OF INJUR			20d INJURY OCCUI	RRED 20e. Pt	ACE OF IN	JURY (Hame	e, form,	20f (Ci	ty ar tawn)	(Cou	inty)	(State)
WED	Haur a.m. p.m.	, ,,		While Not W		ictory, stree	et, affice bldg	g., etc.)					
	21. I certify	that (I) (this	haspital)	attended the d	eceased fram_	000	-31	_ , 19_	<u>دد</u> , to_/	VOV. G	, 19 <u>_</u>	ے, tha	it (I) (we) las
		eased alive a	in No	V 5 19	<u>66</u> , and th	at death	accurre	d at10	<u>0.15</u> 配, fr	am causes			
	22a. SIGNATURE	17 . 11	00	7	1	ATT	ENDING 6	MI	ED.	STAFF _		ATE SIGNED	
		9/8		- mer	Ja 1	A.D. PH	rs. L	¥ Di	RECTOR \square	PHYS.	Nou	7,1	946
	22c. PHYSICIAN S NAME (Type)	William	H. C1	ements,	M. D.		d. ADDRESS		h Ave.	, Hyati	tsvill	.e, M	d.
230	BUR AL, CREMATION	, 23b. DA	TE THEREOF	23c NAM	AE OF CEMETERY OF	CREMATO	RY		23d. LOCATI	ON (City or To	wn)	(County)	(State)
	REMOVAL (Specify)	11_	9-196		t Linco			ton				- 0	3.5 =
A	A. FUNERAL DIRECTOR		0		DRESS	Z-1-11.	2Sa.	REC'D B	Y REGISTRAR	2Sb. RE	GISTRAPSS	IGNATURE	· Wa.
1	und H	1	X	5/24	Wise.	Aus	ARROATI	. NO	V 14	1966	2010	reley	Judge
Æ	47576 KAL	with 5	RUMA	9/30	W155.	IVE.	4000	110	, T X	1000	//		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reporterappon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer condition. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 1 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



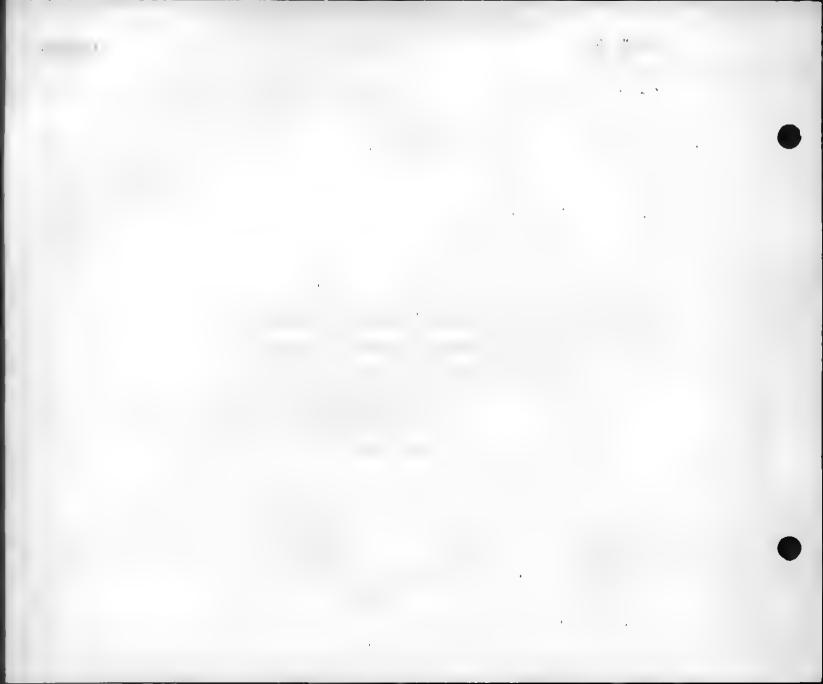
CERTIFICATE OF DEATH 16086 executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. STATEMarvland
b. COUNTY Prince George's PLACE OF DEATH Prince GEorge's o. COUNTY MARYLAND b CITY OR TOWN (If autside corparate i-mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest tawn) Mitchellville 10 hrs. Cheverly completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? Prince George's General Hospital Route 197, Box 117 YES NO event, within 3 NAME OF 4 DATE Log. Lost Month Year DECEASED (Type or print) November 18 Girl Marshall 19 66 Baby DEATH 100 IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX NEVER MARRIED B DATE OF BIRTH 9 AGE (n years 6 COLOR OR RACE 7 MARRIED emave lost b rthday) Hours November 18,1966 any WIDOWED DIVORCED Female Colored 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY Prince George's, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then p burial, cremation, ar removol, Joseph William Proctor Geraldine Berndette Marshall 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war at dotes of service) Mother Same 1B. CAUSE OF DEATH (Enter only one couse per line (g), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Heolth 1 IO FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City at tawn) (County) (State) Hour o.m Not While factory, street, affice bldg., etc.) at work at work 2) I certify that (I) (this haspital) attended the deceased from Nov. 18 19 66 to Nov. 18 19 66, that (1) (we) last saw the deceosed alive on Nov 18 1966, and that death occurred of 8:10 M, from causes and on the date stated above. 22b DATE SIGNED 220/ SIGNATURE **ATTENDING** STAFF PHYS 11/21/66 director, page 3 should be filed v DIRECTOR M.D. PHYS 224 PHYSICIANS 22d, ADDRESS Poge 4 moy NAME (Type Bernardo Alvarado, M.D. 6201 Riverdale Road Riverdale. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. (County) (State) REMOVAL (Specify) Cremation Mnince George's Gen Hosp Che Chevenly 25b REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DE Ttem 9 Film 1302 77/78 16087 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY Prince George's MARYLAND Mary land Prince George's filled in by the furnamers. Pages 1 C LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 hours off c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate ..mits, write RURAL and give nearest tawn)
Cheverly haurs 91 days Seat Pleasant d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS S RES DENCE ON A FARM? w.thin 72 Prince George's General Hospital 631 71st Ave. YES NO [NAME OF DATE vent, w.t Middie Lost Month Year and campletely DECEASED Ashby Marshall November DEATH 19 66 (Type or print) IF UNDER I YEAR JE UNDER 24 HRS. S. SEX MALE B DATE OF BIRTH AGE (n veors 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED remaye last birthdoy) Months Hours White x500002812 duy WIDOWER DIVORCED 12 CITIZEN OF WHAT and in c 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? IRBINIA BROUNDS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, the attending physical property of the propert MARRO MARSHAL WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes a ve wor or dates of service P MINNIE burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (a) Cerebral thrombosis (massive) DUE TO Necrosis of Brain Conditions, if any, which gove rise to immediate couse (a). DUE TO attending stating the underlying couse priar ta this certificate has been WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? far use Health YES XX NO the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) State | of work of work TO FUNERAL DIRECTOR: After 2 August 8 1966 to Nov. 7, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... be retained shauld with the saw the deceased alive an Nov. 7. 1966, and that death accurred at 9:45 M, fram causes and an the date stated above 22n. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 11/8/66 DIRECTOR directar, page shauld be filed TO HOSPITAL Page 4 may b 22d. ADDRESS 22c PHYSICIAN'S 5813 Landover Road, Cheverly, Md. NAME (Type) ohannes' 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) NATIONAL RLINGTON RLINGTON 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

2Sb.

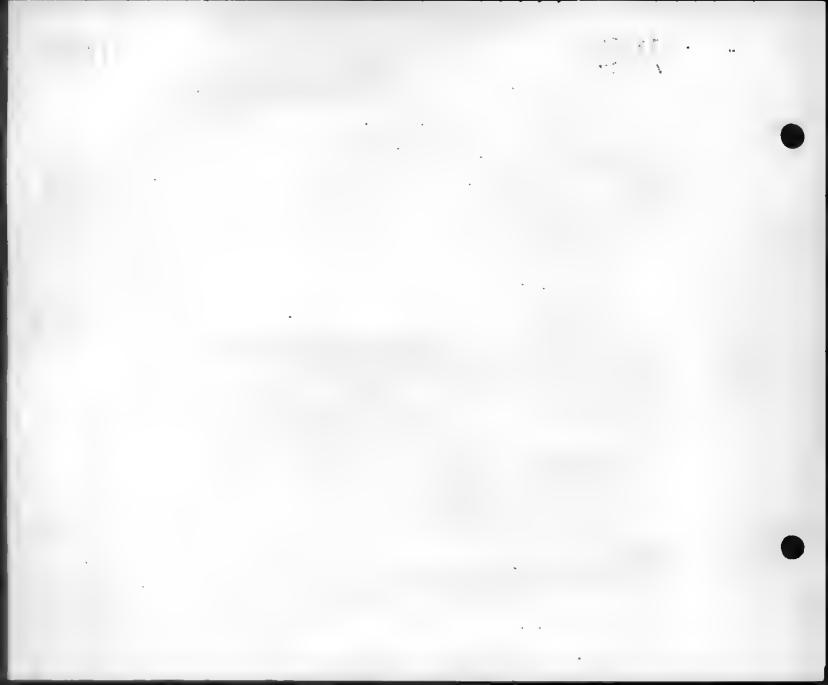


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

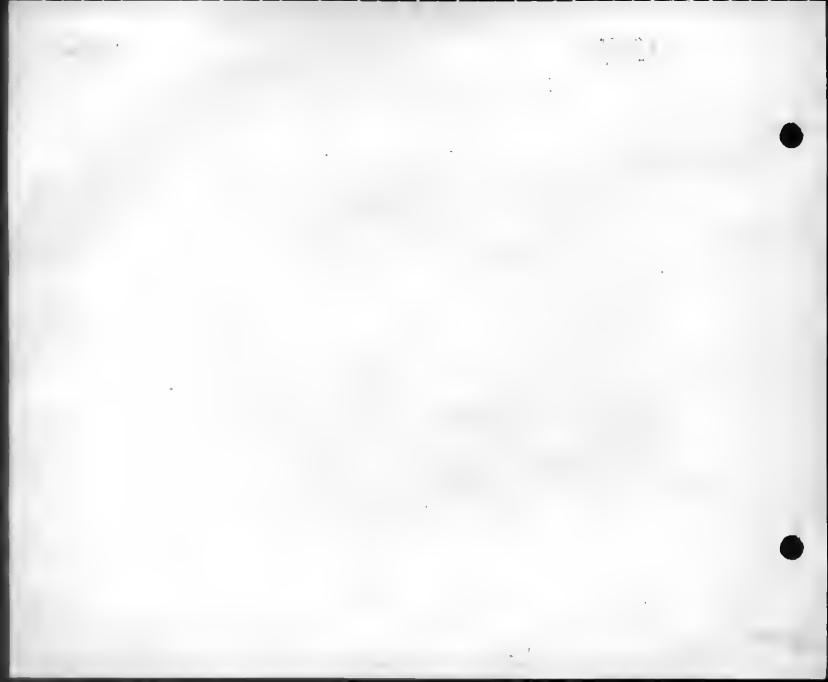
1608	8	CERTIFICAT	E OF DEATH		16089
PLACE OF DEATH				Where deceosed fived, if institution	
o. COUNTY Pri	ince George's	MARYLAND	o. STATE Washi	ngton, D. C.	ΤΥ
	(If outside corporate limits,	c LENGTH OF STAY IN 16		utside corporate limits, write RURI	
write RURAL o	nd give nearest town)	l hr. 5 min.			,
	ITAL OR INSTITUTION (If not in		d. STREET ADDRESS	ngton, D. C.	a IS DESIDENCE
	,	, , ,			e. IS RESIDENCE ON A FARM?
		General Hospital		12th St., S.E.	YES NO X
3 NAME OF DECEASED (Type or print)	Willia	m V. Mayhew	Lost	4. DATE Month OF November	7, 1,66
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (n years	IF UNDER 1 YEAR IF JNDER 24 HRS
Male	White W	VIDOWED DIVORCED	6/22/09	557b rmdoy)	Months Doys Hours Min
10a USBAL OCCUPATION during most of workin Clerk	DN (G ve kind of work done g life, even if retired) Hardware St	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Washingto	A State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	mardware or	WD FE	14. MOTHER'S MAIDEN		
	Charles H. N	lavhew	Nellie	V. Vernon	
IS. WAS DECEASED F	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17.	INFORMANT	Addres	ss
(Yes, no, or unknown	(If yes give wor or dates of sen	vice)	atrice R. Ma	rehan Cama an	Item #2
10 CAUSE OF	DEATH (Enter only one couse pe		atrice it. Me	tynew bame as	INTERVAL BETWEEN
	ATH WAS CAUSED BY:				ONSET AND DEATH
	U .	<u>Severe arterioso</u>	<u>lerotic hear</u>	rt disease	
Condition if an	DUE TO y, which gove) (6)	Maria 22 7 7 7 6	. •		
rise to immedia	te rouse (n)	Myocardial infar	ction		
stating the und					
PART 11. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING GEORGE CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I or Part II of Item 18.)	
윤 Hour d	JURY Month, Doy, Yeor J.m. 19		ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County) (Stote)
21. I cer	tify that (I) (this haspita	i) attended the deceased fram_	JUNE	1957 to Nov. 7	, 19.66, that (I) (we) lo
saw the	deceased alive an N	ov. 7, 19 66, and th	at death accurred a	5E05 M, fram causes of	and an the date stated abou
229.3 SIGNATUR				PM	22b. DATE SIGNED
Leo 7	1. Mucon	(Bu)	A.D PHYS	MED STAFF DIRECTOR PHYS.	11/8/66
22c. PHYSICIAN NAME (Typ	- //	NUGMON, M.D	22d. ADDRESS 2711 (7A 1	THER ST AILL	crest Horts Md.
230. BURIAL, CREMAT	ION, 235. DATE THEREO	F 23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tow	vn) (County) (Stote)
REMOVAD (Speci	Nov. 10th		11 Cemeterv	Suitland,	Maryland
24_FUNERA. DIRECT			2So REC		GISTRAR'S SIGNATURE
Burn	mount in	Hone Di CE Wash		W o 1966 20	Cleanley Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial ampletely filled in by the funeral director, page 3 shauld be detached far use os the burial-transit permit. Then please aremove carbon papers. Pages 1 and 2 shauld be filled with the State Dept at Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



	~ 1	VI.		15089			CERTIF	ICATE OF	DEATH			160	90
death.	eral and leath			PLACE OF DEATH		1,			SUAL RESIDENCE (W	here deceosed 1	ived, if institution		e admission)
	= -			Frince		92	MARY	LAND	ma		Tri	me b	
s of	by the fusion by			CITY OR TOWN (If o. ge RJRAL and gyv	e negrest town)	, , (.)	ENGTH OF STAY II	N Th	Y OR TOWN (If out	. /	mits, write RUR	At and give reares	t town)
Jan	s. Pag hours		_	KIVALOG I. NAME OF HOSPITAL O		06	trant addrace)	A	REET ADDRESS	199 1	PX).	16.1	e. IS RESIDENCE
24	72 Z	13	7	Fugene	/ /:	/ 1 =	noric	Q) 1	L310 7	noex	ripod.		ON A FARM?
ifi				NAME OF	/ Fir	st//	Middle	600 11	Lost	4. DATE	Month	Doy	
≯ P	ve carbor eve carbor event, wi		_	Type or print)	1.2060	45		111CAb	00	OF DEATH	11	/3	19 66
ecute	owe		S.	EX E 6	COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		-8-08		GE (In years ist bisthday)	Months Doys	Hours Min
6XI	TE		100	US JAL OCCUPATION (G	ve kind of wark done	9-4	F BUSINESS OR		BIRTHPLACE (County &	Stote, octoreigi	o country)	12 CITIZEN OF	WHAT
te b	LOS E		dur	ng most of working life,	even if retired)	10 INDUSTI		me	Vergan	ul Ha	Syaf Co.	COUNTRY?	A
ifica	S D-,		13.	FATHER'S NAME	7 /	/			MOTHER'S MA DEN N	AME)/			
tert	o=E		1/	WAS DECEASED EVER IN	1 Vonus	Treon	L SECURITY NO.	17. INFORM	lmna	- 4	Con	2	
that the death certificate be executed within 24 haurs after an.	attandin permit. ion, ar re		15 (Ye	s, no, or unknown) ((If y	es dine mot of gotes o	f service)	L SECURIT NO.	2 eco	1 4/11	ce-4	4080	Geensp	you Rd 1
he d	11.9			1B. CAUSE OF DEATH			(c))		-200 11		7 7 10 1	CC TINI	ERVAL BETWEEN
t tor	by the ransit cremat			PART DEATH V	VAS CAUSED BY- IMMEDIATE CAUSE	(o) Mill	LEYN	2,24	Mille.	14 64/10	e u - La	MAN JON	SEL AND DEATH
es the	4 부 후			(Conditions, if ony, wh	DUE	TO will	To Mill	[MOUR!	ento o	rucin	andle	ang 3	DM s.
e uir	signe burial burial			rise to immediate co	use (o), ((b) To						1	
iw n	een the			stoting the underlymost.	ig couse	(c)						0	
ne lo	all be		×	PART II. OTHER SIGNII	FICANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE CON	DITION GIVEN I	V PART I(o)	19	WAS AUTOPSY PERFORMED?
N: Ti	cate ho or use Health	0	CATIC			T and a processing	- 11-11/ 1-11/2					Y	ES NO Z
ICIAI oital			CERTIFICATION	OR CONTRIBUTING	AUSE OF DEATH	206. DESCRIB	E HOW INJURY OF	CUKRED (Enter i	nature of injury in P	ort I or Port II	of item IB.)		
HYS	this certi etached Dept. a		MEDICAL ((IF EITHER, NOTIFY MED 20c TIME OF INJURY		20d INJURY	OCCURRED		NJURY (Home, form,	, 20f (C	ity or town)	(County)	(Stote)
G P	detr detr nte D		MED	Hour o.m. p.m.	19	While of work	Not While of work	foctory, str	eet, office bldg., etc.)				
NA P	Afte d be e Sto				that (I) (this hos		the deceased	fram	1-10 , 1	966-10/1	10161	3, 19 <u>66,</u> 11	nat (I) (we) la:
TTE	# 10 K			saw the dece	ased alive an 2	100012	19.66,0	and that dea	th accurred at	0 - M, 1	ram causes c	and an the dat	
OR A	3 s dwi			220. 3101120	Wall	PPL			TENDING HYS	MED. DIRECTOR	STAFF PHYS.	DUY 13-	1966
AL C	pode file			22c. PHYSICIAN'S NAME (Type)	1 20	MAI	1 . in 1	117	22d. ADDRESS:	11111	del.	2220	f.
4 m	tar,		n2.		1 201 CAYE TUE	DEOF 1 20	c. NAME OF CEME	TIDY OD CREAM	CODY	The locat	IOU Kees on Jan	(faint) (Canta)
Page 4 r	direct shoul		B	(BJRIAR, CREMATION, CREMATION)	Pau .	1/1/11/11	enan He	et Como		Yen	ION (City, or Toy	(County	(State)
E7	E			FUNERAL DIRECTOR		1 0	ADDRESS 1	,	250. REC'D	BY REGISTRAR	2Sb. REG	GISTRAR'S SIONATUI	, , ,
1	VR A)5 (4)	0	H	RANCIS (GASCHIS	SONS - H	vattevil	le. Ma	esclared !	MOV 1 C	40.00	m/in.	0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

t _e		16090		CERTIFICATE OF DEATH								160	91
,	1. (PLACE OF DEATH o. COUNTY	MAF	RYLAND	II				OUNTY Pre	Geo	rge 's		
	b. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) Riverdale, Md D O A					c. CITY OR TOWN (If outside carparate limits, write RURAL and give n College Park				e neorest	6-1		
9	(d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street oddress) Leland Memorial Hospital						d. STREET ADDRESS 4806 Erskine Road				Y	IS RESIDENCE DN A FARM? S NO 🔀
		3. NAME OF First Middle DECEASED (Type or print) Warwick Lexington Mc Alliste					Last r		4 DATE OF DEATH		Nov	Doy 25,	Year 19 66
	\$.					9.	AGE (In years last birthday)	Manths	Days	Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired waiter 10b. KIND OF BUSINESS OR INDUSTRY Hotel					11. BIRTHPLACE (Caunty & State, or fareign country) 12 Virginia					COUNTRY?		
	13. FATHER'S NAME Albert E Mc Allister 14. MOTHER'S MAIDEN NAME Malcenia F. Hodge												
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 589 03 3878								ark,	Md.			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemory Lagrangian									VAL BETWEEN T AND DEATH		
		Conditions, if any, use to immediate stoting the under last.	which gove) e couse (a), (E TO (b) Hz E TD (c) Cc	purlin	2 a	- a	not ore	leran				
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. V F YES	VAS AUTOPSY ERFORMED?	
an	L CERTIFICATION	20a. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY)	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HDW INJURY	OCCURRED. ((Enter noture of	injury in Pa	rt I or Part I	II of item IB.)			
3	MEDICAL	20c. TIME OF INJU Haur a.m p.m		While	IJURY OCCURRED Not While		CE OF INJURY (Ho ary, street, office t		20f.	(City or town)) (Coi	unty)	(State)
1		21. I certify that (I) (this hospital) attended the deceased from least 7, 186, to how 25, 1966, that (I) (we) las sow the deceased olive on how 23, 1966, and that death occurred at 11,20 P. M, from causes and an the date stated above											
220 SIGNATURE (Circulated Alacina M.D. ATTENDING MED. DIRECTOR D								STAFF PHYS.	STAFF 22b. DATE SIGNED				
NAME (Type) RICHARD F. SAHU 1324 Mich. Per VS													
1	23 a	BURIAL, CREMATION REMOVAL (Specify, Burial	N, 23b DATE TO		23c. NAME OF CEA						or Pro		
A. A. A.	24	FUNERAL DIRECTOR F. Ga			ADDRESS		2		Y REGISTRAL	R 2Sb.	REGISTRAR'S S		

TO MUSHITAL OR NITENAME PHYBICIAN: The faw requires that the death certificate be executed within 24 hours after Beath

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached far use as the bural-transit permit. Then mease remave carban papers. Pages 1 shauld be filed with the State Dept. of Health prior to burial, crematian, or removed, and in any event, within 72 hours after

VR A15 (4) 20 M 1/66

physician and campletely filled in by the funeral



STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH RESEARCH AND RECORDS, 301 W. BRESTON STREET, BALTIMO MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16691 FOR STATE

		2000	<u> </u>			146				
		PLACE OF DEATH	,	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o STATE b. COUNTY						
	0	Prince George's	MARYLAND	o STATE Maryland	"aamma la					
	b	CITY OR TOWN (if outside corporate limits,	C LENGTH OF STAY IN 16		ide corporate limits, write RURAL and a v	George's				
		write RURAL and give nearest town)				4 / /				
		Cheverly	DOA	Upper Marl	Lboro	16.1				
2	d	NAME OF HOSPITAL OR INSTITUTION (f not in hospitor,	, give street oddress)	d. STREET ADDRESS	Hotel.	e. IS RESIDENCE ON A FARM?				
1	F	Prince George's General H	Hospital	4138 Main St	reet. Marlboro	YES NO 🔀				
		NAME OF First	Middle	nst I	4 DATE Month	Doy Year				
	0	OFCEASED Type or print) Harold	Emmet:	t	OF DEATH	21 19 66				
	5 5			B. DATE OF BIRTH	9 AGE (In years FUNDER					
		WILL OFFICE			ost birthdoy) Months	Doys Hours Min				
		TOTA MITTE	KIND OF BUSINESS OR	half of the state	909 57 yrs	TIZEN OF WHAT				
			INDTZIBA	STRY						
		Bartender	Hotel			SA				
	13	FATHER S NAME		14. MOTHER'S MAIDEN NAME						
		James Mc Carthy		Margaret Barry						
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	6 SOCIAL SECUR TY NO 17 1	INFORMANT Address						
	(1.65	yes (If yes give wor or dotes of service)	Pa	aul Mc Carthy	souri.					
	_	1B. CAUSE OF DEATH (Enter only one couse per line for	or (a) (b) and (c))			INTERVAL BETWEEN				
		DADT I DEATH WAS CALISED BY.	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ONSET AND DEATH				
		### MMMEDIATE CAUSE (a) Heart failure ###################################								
		7200 DUE TO Arte	unknown							
		Conditions, if any, which gave rise to immediate couse (a),								
		stoting the underlying couse DUF TO								
		last. (c)								
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE COMPIL ON CAVEN IN PART 1/O.									
١	S		``	PERFORMED? YES NO 🔀						
1	FICAT	2Do EXTERNAL CAUSE WAS 20b F	DESCRIBE HOW INJURY OCCURRED ((Inter poteta of invest a Da	ed Lor Dort Lof storm ID t	10 0 00				
	CERT	PRIMARY ☐ or CONTRIBUTING ☐	DESCRIBE MON HOURS OCCURRED ((tiner norce or injuly in 20	ill of boll i di delli ib)					
	MEDICAL	7,		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	2Df (City or town) (Co	unty) (Stote)				
	Z.	Hour a m. 19 While to twork of work o								
21 certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , and in r										
		death resulted fram: Natural causes !	Undetermined manner	1						
			7	ide , Hamicide (CHIEF MEDICAL E)						
	ы	ACTUAL SIGNATURE	12/	M.D. ASSISTANT MEDICA	AL EXAMINER	22 DATE SIGNED				
		VIII I								
3		EXAMINER'S NAME (Type) John Kehoe, M.D.	Riverdale, Md.	DEPUTY MEDICAL Address (Street, c	EXAMINER X	11-22-66				
1		BUR AL, CREMATION 236 DATE THEREOF	T 23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)				
	AUU	REMOVAL (Specify)	No. at a no.			. ,,				
	7.4	Burial Nov 25, 1966	6 National Cen		Jefferson Barra					
	24.		Hyattsville, Md.		V 2 3 1966 REGISTRAR'S S	ules udge				
		, dascin s ons i	TATESATTE, MO.	DATE NO	1 50 1000 July	10				

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as

TO DEPUTY MEDICAL EXAMINER:

delay is

This certificate should be executed within 24 haurs after death

with the Stote Department of within 72 hours ofter death.

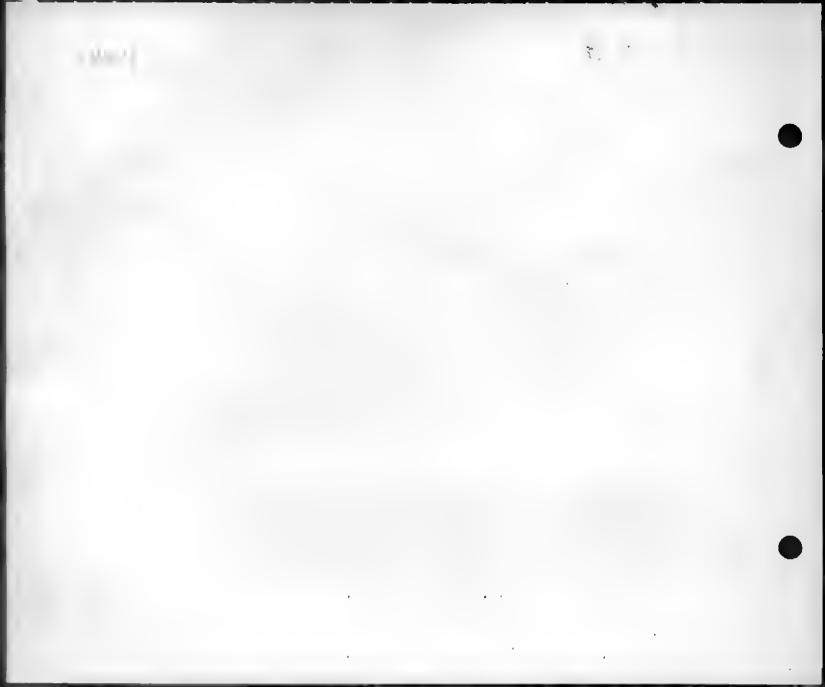
in any event amp

File

o burial-fronsit permit

Health or its designated agent, prior to buriol, crematian, or removal, and

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16092 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Poge Prince George death. George delay Deportment b CITY OR TOWN (f outside corporate limits. c. LENGTH OF STAY N Ib c CITY OR TOWN (If outside corporate mits write RURA, and give nearest town) write RURAL and give nearest town) offer DOA Hillcrest Heights Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) d. STREET ADDRESS hours along with form Prince George General Hospital 2422 Iverson St. ote YES NO 3 with the Sto within 72 h 3 NAME OF First Middle Inst A DATE Year DECEASED Barbara McDowell (Type or print) Anna DEATH IF UNDER 1 YÉAR S SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Hours DIVORCED Office event **ċ**~; Feb. 1939 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 C TIZEN OF WHAT during most of working ite, even if retired) Housewife IND.,STRY COUNTRY? dny Germany TIPA 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME cert ficate should be executed within .⊑ Hans Wieser File IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT permit remova Albert W.McDowell #2 above No INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 Cardiac tampanade IMMEDIATE CAUSE (o) cremotion, DUE TO Canditions, if any, which gove Minutes Gunshot wound of chest rise to immediate couse (o). DUF TO stating the underlying couse 0

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20o EXTERNAL CAUSE WAS PRIMARY PAOT CONTRIBUTING CAUSE OF DEATH

20d NauRY OCCURRED

20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) Shot in chest by accidental discharge of gun 19 WAS AUTOPSY PERFORMED?

NO

(Stote)

ond in my opinion

22. DATE SIGNED

11-13-66

YES TX

factory, street, office blda., etc.) While at work at work Same as #2 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry X

deoth resulted from. Noture/Incouses Accident Suicide Homicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL

ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** John Kehoe, Riverdale, Md. Address (Street, city, town or county) NAME (Type)

23b DATE THEREOF 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) al Arlington Va 250. RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE Buria Arlington National

Pa.Ave..SE DC3

VR A15ME (5) 6M 1/66

the funeral director.

burial,

2

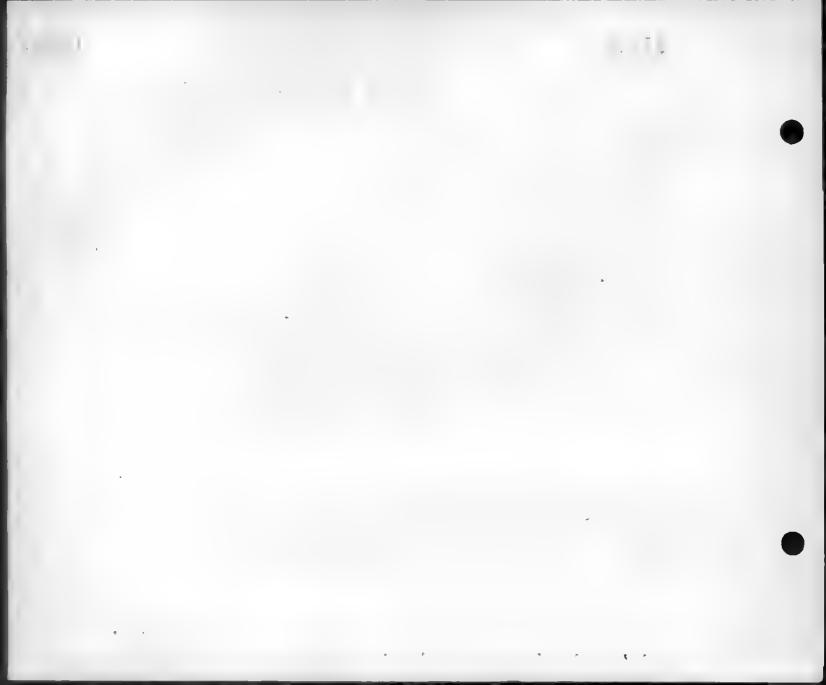
prior

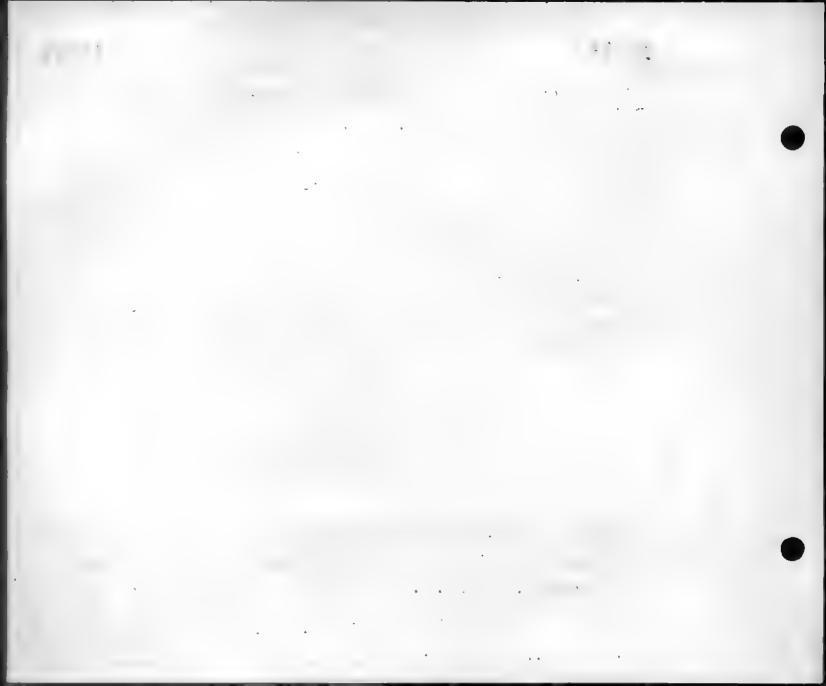
its designoted

Heolth or

20c. TIME OF INJURY Month, Doy, Year

3 should



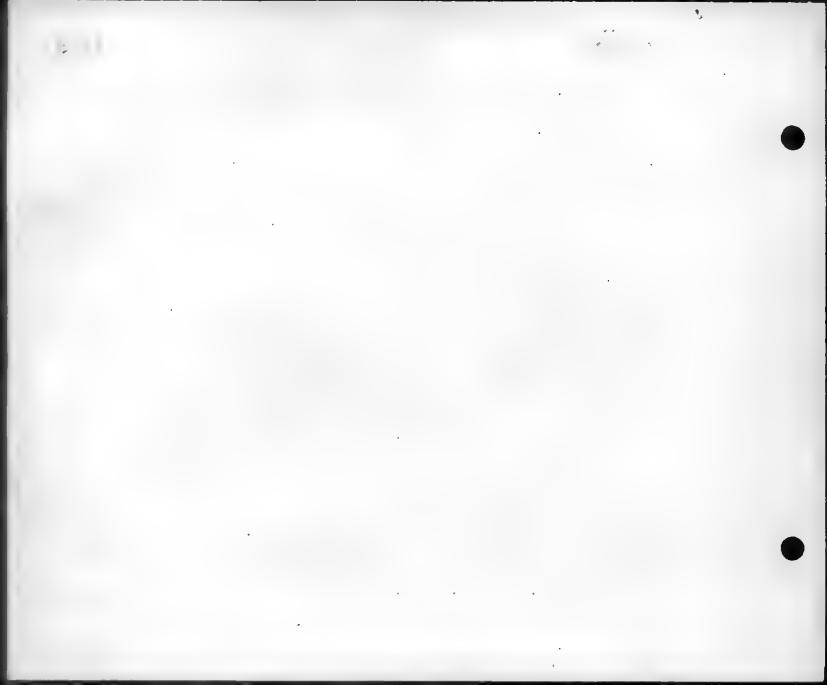


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16095

r death unerol 1 and er deoth	1	1. PLACE OF DEATH o. COUNTY		JSUAL RESIDENCE (Where deceased lived,)	f institution: Residence before admission) b. COUNTY
		Prince Georges	MARYLAND	Maryland	Prince Georges
hamrs after n by the fu s. Poges 1 hours after		6 CITY OR TOWN (If outside corporate limits, ClenGTH OF	STAY IN 16 CC	ITY OR TOWN (If outside corporate limits	write RURAL and give nearest fown)
5 1 5 S		write RURAL and give nearest town)			11 .
	7	Cheverly 16	days	Lanham	W NEWSTON
그 in Siz	11	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street addre	ss) _ q 2	STREET ADDRESS	e. IS RESIDENCE ON A FARM?
within 24 hmms aly filled in by the soon popers. Pogwithin 72 hours	11	Duines Commen Commen Manager		9105 Telegnaph	THE YES NO TO
들 를 함께	1	Prince Georges General Hospital 3 NAME OF First Midd	- 1	9105 Telegraph	Month Doy Year
ed withi		DECEASED	ле	OF	MOULU DOX 1801
completely ove corbon y event, wi		(Type or print) Condelia	McPhenso	DEATH	Nov. 6 19 66
e se de	1	S SEX 6. COLOR OR RACE 7. MARRIED NEVER N		TE OF BIRTH 9 AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS.
no do do	1		VIODICED C	lost birt	
and com	· /	Lengte Mestro as		25 Sept., 1886 80	Yrs.
and and rem	-	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS	OR 11.	BIRTHPLACE (County & State, or foreign coun	ry) 12. CITIZEN OF WHAT COUNTRY 2
an an pu		during most of working life, eyen if retired UNCHISTRY	22/2-1) 5	EA BROOK M	λ. 1772 12.
icote b sician pleose I, ond i		13 FATHER'S NAME	14	MOTHER S MAIDEN NAME	1
ertificate be physician nen pleose noval, ond i		1,1	. "/	2-13 Inablia Inside	7001
P P P		FRANKLIN FIERCE	17	rdeline o	1480
that the deoth certificate be executed within 24 on. by the attending physician and completely filled is ronsit permit. Then please remove corban paper cremotion, or removal, and any event, within 72		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY	NO 17 INFORI	MANT	Address
eo print		(Yes, no, ar unknown) (If yes give wor or dates of service)	1400	ELENORA	Adams
e e e		1/0 1	1/10	, LIENUKH	
the the		18. CAUSE OF DEATH (Enter only one couse per Tiple for (o), (b) and (c) PART I DEATH WAS CAUSED BY	10/		INTERVAL BETWEEN
# # E		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	4 1/12	scular Hec	ONSET AND DEATH
5 g 女 n 井		1 2 2 1 2			
Sign Sign		DOE TO	10	*****	1000
F F B F F		Conditions, if ony, which gove isse to immediate couse (a).	1 cens		10 Mg/c
is of		stoting the underlying couse DUE TO			
ing ing sen sen the		lost. (c)			
AN: The low al or ottendii icote hos bee for use as the		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TEL	DMINAL DISCASS CONDITION CIVEN IN DAD	I(o) I9 WAS AUTOPSY
e os per e		Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OI KEDATED ID THE 1ET	KANINAL DISEASE CONDITION GIVEN IN PAK	PERFORMED?
T S S S S S S S S S S S S S S S S S S S	10	200 ACCIDENT WAS UNDERLYING DORCONTRIBUTION 20b. DESCRIBE HOW INJURY OF CONTRIBUTION DORCONTRIBUTION DE DICAL DESCRIBUTION DORCONTRIBUTION DORCONTRIBUTION DORCONTRIBUTION DE DICAL DESCRIBUTION DORCONTRIBUTION DORCONTRIBUTION DE DICAL DESCRIBUTION DE DICAL DE DICA	Loly		YES NO 🗔
Se co Pe		\(\overline{\ov	URY OCCURRED. (Enter	noture of injury in Port I or Port II of iter	n 1B.)
印象権がある		OR CONTRIBUTING CAUSE OF DEATH	,		•
S per est		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
State State		20c. TIME OF INJURY Month, Doy, Yeor While Not While		INJURY (Home, form, 20f. (City or	town) (County) (State)
교 축 축 흥 글		Hour c.m. p.m. 19 While of work of work		reet, office bldg., etc.)	/
by the fifter the been declared.		Pink Of Work Co of Work		1/2 2 10/1/2	/// 10/ (abot 0) /
		21. I certify that (I) (this hospital) attended the dece	asea from	1 00 000	(hat (I) (we) last
R ATTEN retained reCTOR: / 3 should with the			and that dea	ath accurred as 8.00 mm from	causes and on the date stated above.
F S C S F		276. SIGNATURE	11	STI STEEL SHIPLES	22b. DATE SIGNED
& 2 ± 2 € 5 € 5		Menny a. alust		ATTENDING MED. STA	K □ 11/7/66
y be y be Oge 3		22c/ PHYSICIAN'S	1.11	22d. ADDRESS	
E PO PE OF S	,	MARIE IV. 3	/ /	149 ax Ninth St.,	Bowie Md
분들 보고 말	1				
TO HOSPITAI Page 4 may TO FUNERAL director, po		230 BOR AL CREMATION, 23b DATE THEREOF 23c NAME (REMOVAL (Specify)	OF CEMETERY OR CREMA	ATORY 23d LOCATION (C	ity or Town) (County) (Stote)
Page of FUN		REMOVAL (Specify) 11-9-66 Ebene	zen Ch /:	emetery LADA	m Mid
5 5	44	24. FUNERAL DIRECTOR / ADDRE	-///	25 REC'D BY REGISTRAR	2Sb REGISTRAR'S SIGNATURE
MD 435 (4)	4 1	115 Washington Sons 4925 Den	ne Auc h	DATE NOV 1 1 19	
VR A15 (4) 20 M 1/66	11	111 \ 1/1/10 < 101/10 (100 < 10 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0		DATE NUV 1 1 19	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

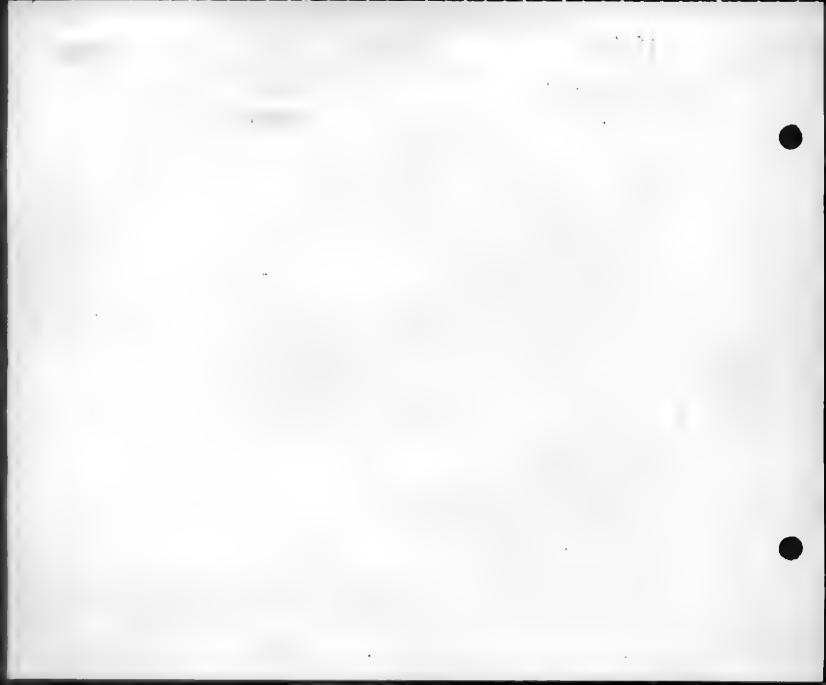
16095

CERTIFICATE OF DEATH

16098

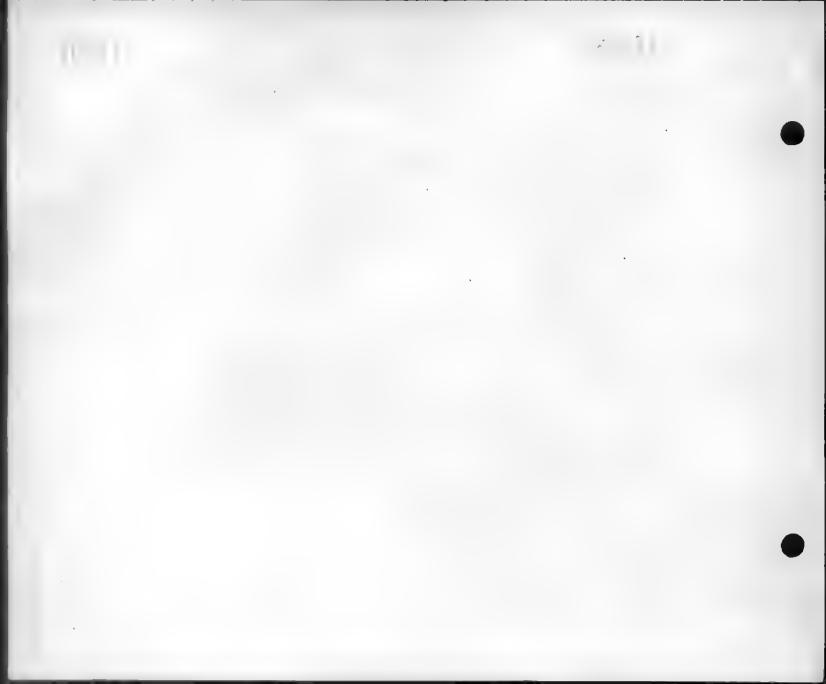
	*											711		
1	PLACE OF DEATH			-		2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)								
	Prince	George's		MAI	RY_AND	Mail o Sialit	rylar	ıd	h P	rince	e Geor	ge's		
П	b CITY OR TOWN (If outside corporate imit digive neorest town)	S,	c. LENGTH OF STAY	1N 1b	c. CITY OR T	OWN (If ou	tside con	porote limits, writ	e RJRAL o	nd g ve neore	st town)		
	Cheverl	y give fledrest town)		6 days		B1	adens	burg	3 17		16.	1		
		AL OR INSTITUTION (IF P				d STREET AL		4-7	-			e. IS RESIE		
	Prince	George's Ge	eneral	Hospital		4201	53rd	Ave	enue			-	NO X	
	NAME OF DECEASED	F	rst	Middle		Lost		4. DA1	TE.	Month	Do	y Yeo	ır	
	(Type or print)		7. MARRIED	Æ		McVey		DEA		embe		19		
S	SEX	6. CO.OR OR RACE	ED 🔲 8	B. DATE OF BIR			9. AGE (n year		JNDER 1 YEAR	IF JNDER Hours	24 HRS Min.			
	Female	White	WIDOWED	DIVORC	ED 🔲		/1890		76	PS				
	USUAL OCCUPATION Ing most of working Housew	I (Give kind of work done life, even if retired)	11	IND OF BUSINESS OR		11 BIRTHPL	ACE (County	& Stote, o	or foreign country)		U COUNTRY			
13.	FATHER S NAME	416	1 01	m home		14 MOTHER	S MAIDEN N	VAME			44			
	A	rchie Kimb	rough			Man	ry Sh	ribe	r					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17. 1	NFORMANT				Address				
170	nO	(If yes give wor or dotes	57	9 44 1682	Da	vid h	dc Ve	У	Bladensl	ourg,	Md.			
	18. CAUSE OF D	EATH (Enter only one co	ise per line for	(a), (b) and (c).)	-4			1	1 1			ERVA. BET		
	PARI I DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE	(0)	(leute	myo	eurdi:	r(My	laretion	-	Or	ISET AND D	tain	
	- 7	DUE	TO	R	/	10.1								
	Conditions, if ony rise to immediat		(b)	Corona	M	CHECH	15100							
	stoting the underlying couse DUE 10													
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)													
CERTIFICATION	PART IF OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	THE TERMINAL I	DISEASE CON	IDITION (GIVEN IN PART I(0)	19	PERFORM	MO D	
崖	200 ACCIDENT WA		20b. Di	SCRIBE HOW INJURY	OCCURR E D. (Enter noture o	f injury in l	Port I or	Port II of item 18	3.)	-			
		MEDICAL EXAMINER)												
MEDICAL	20c TIME OF INJI Hour our		While	NJURY OCCURRED Not While of work	20e PLAC	E OF INJURY { ory, street, offic			f. (City or tow	n)	(County)	{	Stote)	
-	D.1	n. 19 fy that (I) (this has	ot wor			11/10	1	0.66	, ta11/	16	, 19 <u>66,</u> †	hat (I) (:	va\ las	
	saw the d	eceased alive an_		19 <u>_66</u> ,					M, fram cau					
	220. SIGNATURE	10	Lar	en	Ann	ATTENDING PHYS	, _□	MED DIRECTO	P.M. STAFF		22b. DATE SIG	YED /	11	
	22c PHYSICIAN'S NAME (Type				,	220 AD	110	024	opetal	OK.	irerly	Ina		
230	BURIAL, CREMATIC		EREOF	23c. NAME OF CEA	METERY OR (CREMATORY			LOCATION (City		(Count	() (S	tote)	
F	REMOVAL (Specify Burial	Nov 19	. 1966	Morris	Cemet	erv		Ph	oenixvil	le		Pa		
_	FUNERAL DIRECTO		2000	ADDRESS	00		2So. REC'D	BY REG		b. REGISTR	RAR'S SIGNATU	RE		
	F. Ga	sch's Sons	Hyat	tsville,	Md.		DATE N	UV 1	8 1966	1/C	liante	Jud	at.	

<>4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Emoth certificate be exampled mithin 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physicion.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		16096		MED	ICAL EXAMI	NER'S	CERTIF	ICATE O	F DEAT	Н	1	609	7
EALTH DEPT.	1	PLACE OF DEATH	*			^			Vhere deceose	ed lived, if insti-		re before o	dmission) .
5 5 8 7 5 E		o. COUNTY Prin	ce George		MA	RYLAND	o. STAT	Md.		Prince	Ceorge Ceorge	3	
death		b CITY OR TOWN (IF	outside corporate limit	S,	€ LENGTH OF STAY		C CITY O			e limits, write f			own)
2, onc 2, onc partm partm offer (write RURAL ond o	neverly		DO	A		Brand	กก่ กล				
P C Digital		d NAME OF HOSPITAL	OR INSTITUTION (If no	ot in hospital, o	give street oddress)		d. STREET	ADDRESS					S RES DENCE
ges 1, 2, 2, 1 form 1 ote Deport hours of		Prince	Geo ge Ger	neral H	ospital		1	Gibbo	ns Chi	rch Rd			DN A FARM?
2 V = V = V = V = V = V = V = V = V = V	3.	NAME OF	, Fi	rst .	Middle		· Lo		4. DATE		onth	Doy	Year
5 4 5		DECEASED (Type or print)	Má	azie	Arbel		Me	ade	OF DEATH		11	20	19 66
8. Give olong v with the within	5	SEX	COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 🔲 [B. DATE OF	B RTH	9.	AGE (n years lost birthdoy)	IF JNDER Months		JNDER 24 HR:
1		F	Negro	WIDOWED	DIVORC	ED 🔲	10 N	ov., 18	877	89 yrs			
Office lond?		. USUAL OCCUPATION (Congression of working life	e very if retired		ND OF BUSINESS OR DUSTRY		11 BIRT	HPLACE (Stote	ar foreign co	.ntry)	12 (1	TIZEN OF W	HAT
	_	House	wife	114	0031K1		Priv	ice Ge	ome.	Co. M.	d.	DIVINI	
9 6	13.	FATHER'S NAME	,	h. 4			14, MOTH	IER'S MAIDEN N	IAME *		11	. [
File n	L	Kobert	Damuel	Ma	Kle		Jar		lizab	eth	Holl	da	V
= =		WAS DECEASED EVER I es, no, or unknown) {(If	NUS ARMED FORCES? Yes give wor or dotes of		SOCIAL SECURITY NO		NFORMANT			R. F. D	dress 13	A-1 2	14
pending" of Medicol sit permit						(<u>ce</u>	orge.	S. Mer	ade	Brand	y win	e Mu	<u> </u>
		18 CAUSE OF DEAT	TH (Enter only one cou WAS CAUSED BY.				- 1				1		AL BETWEEN AND DEATH
- H E 9		11000	MMED ATE CAUSE		eart fail	ure						Mini	ites
o the Chief of the foundation, or re		Conditions, if ony, w	DUE										
g the word of to the C cremotion,		rise to immediate (ouse (o), (rterioscl	eroti	c hea	rt dis	ease			over	2 yr
ing the		stoting the underly	ing couse	(c)									
writing prwarded used os a buriol, cr			IFICANT CONDITIONS C		O DEATH BUT NOT R	FLATED TO 7	THE TERMINA	AL DISEASE COM	DITION GIVE	I IN PART 1(a)		1 9 W	AS AUTOPSÝ
, <u> </u>	CERTIFICATION			3111(1001110	O DESCRIPTION R.		The second	t blockse ton	DITION DIVE	i ili i iliki i iloj		PE YES	REORMED?
tertificate, ould be fe es. hould be prior to	TFICA	2Do EXTERNAL CAUS		20b DE	SCRIBE HOW INJURY	OCCURRED I	(Enter notus	e of injury in f	Port I or Port	II of item 18.1		1 113	
certifice nould bo les. should		PRIMARY or CONTI CAUSE OF DEATH.	RIBUTING 🗆					. ,		,			
the ce the sho our file: ge 3 sh agent,	MEDICAL	20c TIME OF INJURY	Month, Doy, Year	2Dd IN	JURY OCCURRED	2De PLAC	CE OF INJUR	Y (Home form	, 20f	(City or town)	(Co	unty)	(State)
e the court out	MEC	Hour o.m.	19	While of work	Not While	focts	ory, street, o	ffice bldg., etc.)					
Pog ar y R: Pc		21 certify	that I took charge			bove, he	ld an Aut	opsy .	Inspectio	n 🔂 In	quiry 🔂	and in	my apinio
please execut director. Pog etained far y DIRECTOR: Pl		death resulted			. Accudent		de 🗍.	Hamicide		determined	1) ap
lease directe rtaine DIREC		ACTUAL	1	// -				HIEF MEDICAL					
Plant of the state		ACTUAL SIGNATURE	111	An	11-1	7	_MD #	ASS STANT MEDI	CAL EXAMINE	R 🗌		22.	DATE SIGNE
R be		EXAMINER'S	John I	Cehoe,	M.D., Riv	erdal	ρ	DEPUTY MED CA				11-2	20-66
necessory, pl the funeral of S may be re TO FUNERAL B Health or its	72	NAME (Type) BURIAL, CREMATION,			T 23c NAME OF CEA		F	Address (Street,	1-1-		* 1	15 1 1	
1842 5	4	REMOVAL (Specify)	/ /	3-66	Ot Mi		26 1	3 -+	1/2	ATION (City or	1	(Country)	(Stote)
R	24	FUNERAL DIRECTOR	1/1- 60	2-66	St. Thon	neer	m. a	250 RECO	BY REGISTRA	R VISb.	REG STRARS S	IGNATURE	2///
VR A15ME (5)	1	Mastoll	Cham	12 - de	quare	1. 1	Ild.	DATE	OV 29	1966	galia		udal
12	P										44		



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY Pro George's Prince George's Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporala limits, LE. LENGTH OF STAY IN 16 wr.ta RURAL and giva nearest town) Glenn Dale, Md DOA Cheverly, Md. d. STREET ADDRESS Potomac Avenue 4. DATE Month DEATH 19, AGE (In years 'IF UNDER I YEAR 7. MARRIED NEVER MARRIED 63 yrs. Months male March 1, 1903 WIDOWED D VORCED 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (County & State, or foreign country) Buildings Virginia SA Painter

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO X 3. NAME OF DECEASED (Type or print) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Meador Mary S Dumphrey 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yas, no, or unkown) | (Ilyesgivawarordetesofservica) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC AL SECURITY NO. 17, INFORMANT Nell L. Meador Glenn Dale, Md. 18. CAUSE OF DEATH [Enter only one cause par i ne for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO C.- V. Dis. 5% Conditions, if any, which gave risa to immadiate causa DUE TO (a), stating the underlying PART I. OTHER SIGNIF CANT CONDITION. WAR ALTOPSY PERFORMED? NO I 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part i or Part Ic of Item 18) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. P.ACE OF INJURY (home, farm, 2Df. (City or town) (County) (Steta) factory, streat, office bldg., atc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) affended the deceased from ... 19002 that (I) (we) last M, from the causes and on the date stated above. (a) and that death occured artic saw the 22a. SIGNATI ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHY J. M. Warren Laurel, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)

and _ _ and physician please Then please and loval, physician. signed by has been certificate ha hospital 20 0 the death. Page 4
TO FUNERAL L
director, par 15M 9/60

death

funeral

YR A15 (4)

Nov 12, 1966

Ft Lincoln Cemetery

Colmar Manor Pro Geo

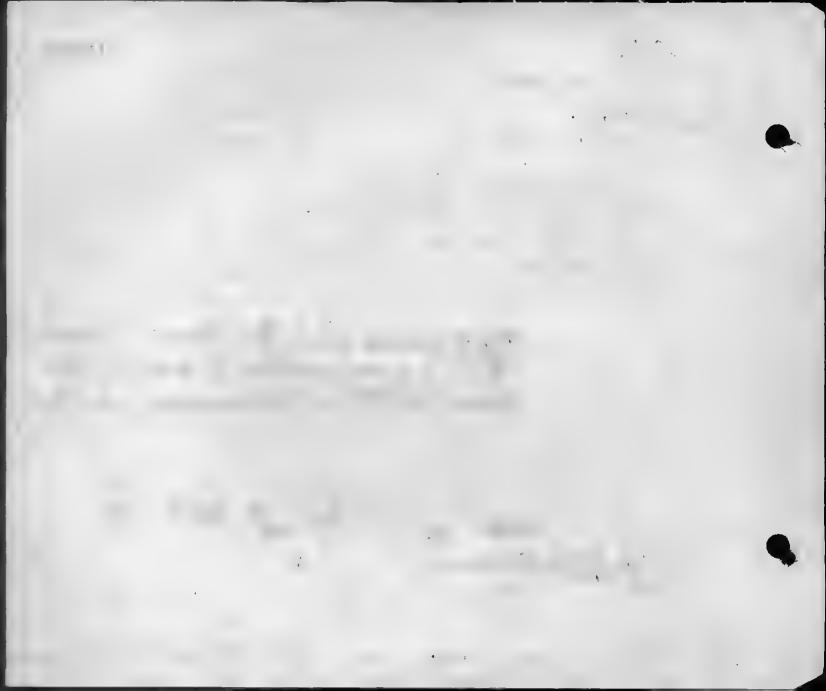
Md.

24 FUNERAL DIRECTOR'S SIGNATURE Gasch s Sons

ADDRESS

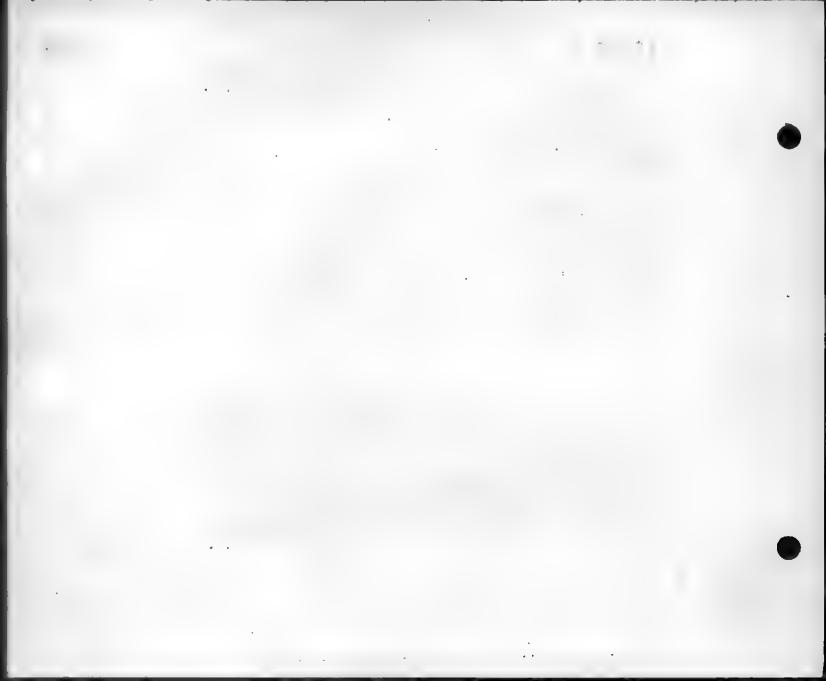
Hyattsville, Md.

REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (欄)		16098		CERTIFIC	CATE OF DI	EATH			16099
s after death the funeral ages and a	1	PLACE OF OEATH			2 USUAL R	ESIOENCE (Whe	re deceased lived, if	institution Resider	nce before admission)
after of the fun		Prince George	3	MARYLA			on, D.C.		
s offer the contract of the co		CITY OR TOWN (If guts de corporate write RURAL and give nearest tawn)	mits,	c LENGTH OF STAY IN	ib c City OR	TOWN (If outside	e corporate limits, wi		
haurs of the haurs haurs		Cheverly		55 min.					16.1
P. 25.5. 44		d NAME OF HOSP TAL OR INSTITUTION (I	f not in haspital, i	give street oddress)	d STREET A	DDRESS			8 IS RESIDENCE ON A FARM?
lled lled		Prince George's Ge	eneral H	ospital	Box 73	373, La:	rgo Road		YES NO
xecuted within 24 haurs after death. I campletely filled in by the funeral mave carbon papers. Pages and 7 ny event, within 72 haurs after eath	-	NAME OF DECEASED (Type or print)	Eirst Baby	Middle	lost Med1e		OATE OF DEATH	Month November	Doy Year 10 19 66
executed and cample any event		SEX 6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF B	IRTH	9 AGE (In you	eors IF UNDER	
e execute		Male Colored	WIDOWEO	DIVORCED	11/9	/66	IGSI DRING	yrs atunitis	Doys Hours 5/9
0 2 5 0	10o dur	USUAL OCCUPATION (Give kind of work ding most of working life, even if retired)	one 106 KI	IND OF BUSINESS OR IDUSTRY			e's Mary	((TIZEN OF WHAT DUNTRY?
sicit plec J, ar	13.	FATHER'S NAME			14 MOTHER	R'S MAIDEN NAM	le s, mary	Tandi C	
th certificate by ling physician (Then please remayal, and i		James Robert Med	ley, Jr.		Mar	y Agnes	Williams		
ing ing Three		WAS DECEASED EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFORMANT			Address	
ne death cer attending p permit. The ian, or rema	(Ye	s, no, or unknown) (If yes give wor or do	es of service)		Mot	her	As	above	
quires that the physician. signed by the burial-transit burial, cremat		Conditions, if any, which gave	Couse per line for USE (o) DUE TO (b) DUE TO	(o), (b), and (c)) Multiple	Congonita	l Cenn	remalies		INTERVAL BETWEEN ONSET ANO GEATH
law rending been s the iar ta		last.	(c)						
The after after has use a thing.	ATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL	OISEASE CONOIT	ION GIVEN IN PART	I(o)	19 WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. 01	SCRIBE HOW INJURY OCCI	JRRED (Enter noture	of injury in Port	t I or Port II of item	18.)	
⊕ = <u>_</u> = 9	MEDICA	Palifi.	White	k D Not While D	De. PLACE OF INJURY foctory, street, offi	ice bldg., etc.)	20f. (City or to		ounty) (Stote)
ENDING ned by t R: After uld be o		21. I certify that (I) (this	haspital) atten	ded the deceased fr	am_11/9	, 19_	66 to 11/	10 , 19,	66, that (I) (we) last
the Section of the se		saw the deceased alive or	11/10	19 <u>66,</u> an	d that death ac	curred atLL			the date stated abave
OR AT be reto DIRECTO		220. SIGNATURE	11		M O. PHYS		D. STAF		DATE SIGNED 15/66
AL I AL I		22c PHYSICIAN'S NAME (Type)	1118	100	22d Al 620		dale Rd.,		ıle, Md.
O HOSPII Page 4 m O FUNER. director, shauld b	230	BUR AL CREMATION 236 DATE	THERTO	23c. NAME OF CEMETE	RY OR CREMATORY		23d LOCATION (Cir	y or Town)	(County) (State)
Page direct	Cr	e Ind (Specify)	19/66	Prince Geo	raels Con	Hoon	Cheven	lv	Pc Maryland
//		I. FUNDRAL DIRECTOR)/	1)	ADDRESS					
VR A15 (4)	10	apple Na Penne dr.	/admini	straton Ch	evenly Ma	DATE NO	V 2 2 195	a Milie	wer Julas:



TO HOSPITAL retained by the hospital or attending physician.

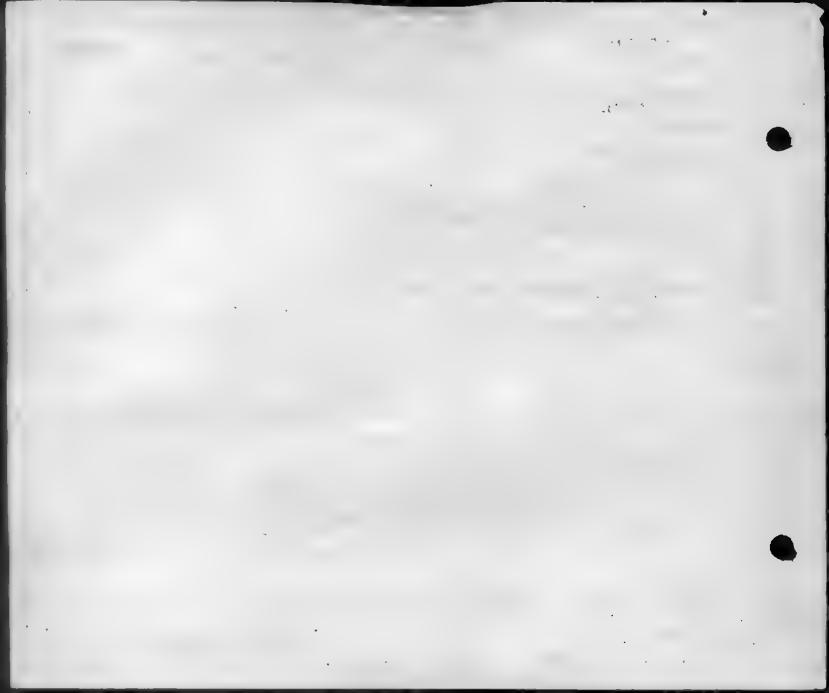
TO HOSPITAL retained by the hospital or attending physician.

TO FUNERAL I TOR: After this certificate has been signed by the attending physician and completely in by The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event within 7.2 hours after death.

VR A15 (4) TSM 7-62

1		DIVISION OF STATISTICAL RESEAR	CH AND RECORDS	F OF DEATH	SIREEI, DALIIMORE	i, modification
1		16099	CERTIFICAT	E OF DEATH		16100
ľ		PLACE OF DEATH				ution: Residence before admission)
		Prince Georges	MARYLAND LENGTH OF STAY IN 16	e. STATE Maryl	b. COUNTY and aside corporata limits, writa RUR	Prince Geo
-1		write RURAL and give nearest town)				1.1
-		Camp Springs H. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	15 Yr.	Camp Sp	rings	IS RESIDENCE ON A FARM?
٩ŀ		5400 Manchester Driv	ve l	5400 Mano	chester Driv	e YES NO X
		NAME OF First	Middle		DATE Month	Day Yaar
		DECEASED (Type or print) ANNTE	M. M	האיזיכיביכ	DEATH NOV.	12 19 66
ı	5.			ENTGES DATE OF BIRTH	9. AGE (În years IF U	NOER TYEAR IF UNDER 24 HRS.
		emale White woows		ay 4,1882	84 yrs.	nths Days Hours Min.
	10a doi	. USUAL OCCUPATION (Give kind of work his during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11 BIRTHPLACE (County 8	State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	F	Housewife At	Home	Washington,	D.C.	USA _
		Josiah Gray		Mary Jane	e Kidwell	
			CIAL SECURITY NO. 17	<u>V</u>	Address	
1	£ 0 to	No.	Mr	s. Mary I. Q	uiglev Sa	ame as #2
ı		18. CAUSE OF DEATH Enter only one cause per-ling			1	INTERVAL BETWEEN ONSET AND BEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cule 6	ronaky C	Celiens	- Like
H		H Lot DUE TO	1. 1.	. c. fa.	1 - Hon V.	1 5:
		Conditions, if any, which 7 (b)	(from	2.10 DE XCE	TA CA ST.	de zer (
		gave rise to immediate cause (a), stating the underlying DUE TO				
		cause last. (c)				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO N
1	FF		IBE HOW INJURY OCCURED	(Enter netura of injury in Part	Lor Part II of Item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL			CE OF INJURY (Homa, farm, pry, straat, office bldg., atc.)	20t, (City or town)	(County) (Stata)
	MED	Hour s.m. Whila p.m. 19 at work [et work			
		21. I certify that (I) (this hospital) attende	d the deceased from	March 19.	6310Nov1	2, 196.6 that (I) (we) last
		saw the deceased elive on NOV 11	1966, and that	death occurred at F.	M, from the causes and	on the date stated above.
		22a. SIGNATURE		ATTENDING MED	staff	22b. DATE SIGNED
		- X J James 1000	M	.0.	CTOR PHYS.	
,	5	22c. PHYSICIAN'S WAME (Type)	/	22d. ADDRESS	300 AM 18-185	1-
		- Concous	20	440000		
	23a	RFMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, fown o	or county) (State)
	Bι	<u>urial 11/16/66 </u>	congression		Washington	D. C
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	ALO	BY REGISTRAR 255. REGIST	Charles Judge
	J	. Wm. Lees Sons W	ashington,	D. C. DATE NO	V 16 1966 40	

MARYLAND STATE DEPARTMENT OF HEALTH

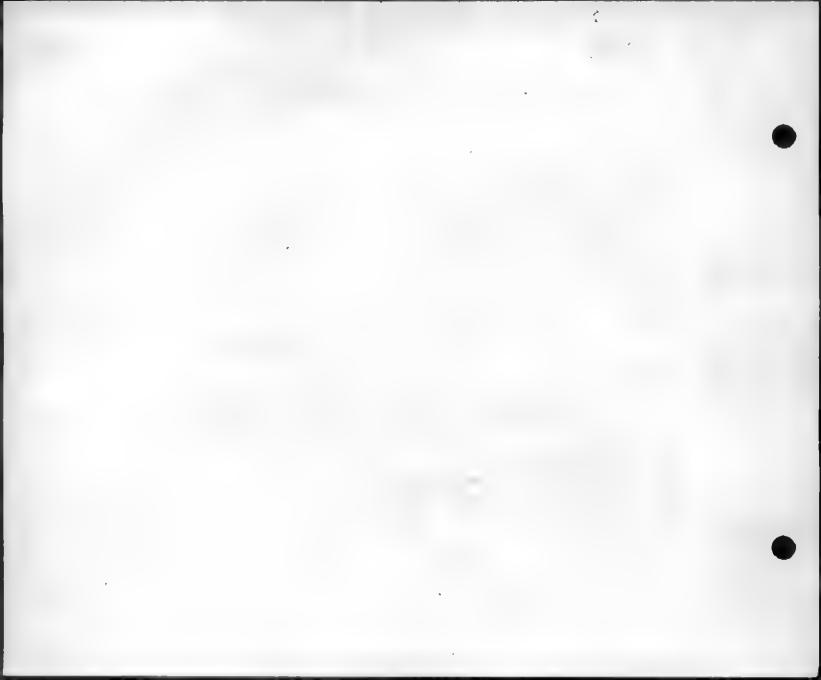


	MAKYLAI	AN ZIVIE DEF	'AKIMENI OF HEA	LIH		
ivision of STATISTICA	L RESEARCH AND	RECORDS, 301	W. PRESTON STREET,	BALTIMORE,	MARYLAND	2120

16100 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY Prince George Prince George MARYLAND Maryland b CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b New Carrollton Lanham d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) 5908 Mentana Street YES NO Magnolia Garden Nursing Home 3 NAME OF Middle Lost 4. DATE Month Year DECEASED OF DEATH EDITH MEUSHAW November (Type or print) S SEX 6 COLOR OR RACE AGE (In years 1 YEAR 7 MARRIED NEVER MARR ED 8. DATE OF BIRTH last b rthday) Days Hours WIDOWED DIVORCED Mar 10, 1886 Female Cauc 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Homemaker Maryland USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Henrietta Cheseldine James R. Dinger 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Adres St. N.W. 6950 (Yes, no, or unknown) (If yes give war or dates at service) Marie M. Lee Washington. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per use for (p), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) SW. Hour am. While Not While factory, street, affice blda., etc.). at wark at work 19 6 6 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1/-15 44 . 19 saw the deceased alive and 1/-23 1966, and that death accurred at_ M. from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 11-24-66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3408 Rhode Island Ave. Mt Rainier 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 23a BURIAL CREMATION, (County) REMOVAL (Specify)
Burial Suitland, 11-28-66 Cedar Hill Cemetery 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS 1966 NOV 28

FUNERAL HOME, 3004th NE. Wash., DC

The law requires that the death certificate be executed within 24 haurs after death cian and completely filled in by the fu ease remave carban papers. Pages 1 and in any event, within 72 haurs after ician (by the haspital ar attending physician. De detached far use as the State Dept. af Health priar ta has been certificate O FUNERAL DIRECTOR: After this Page 4 may be retained directar, page 3 shavid shavid be filed with the directar,



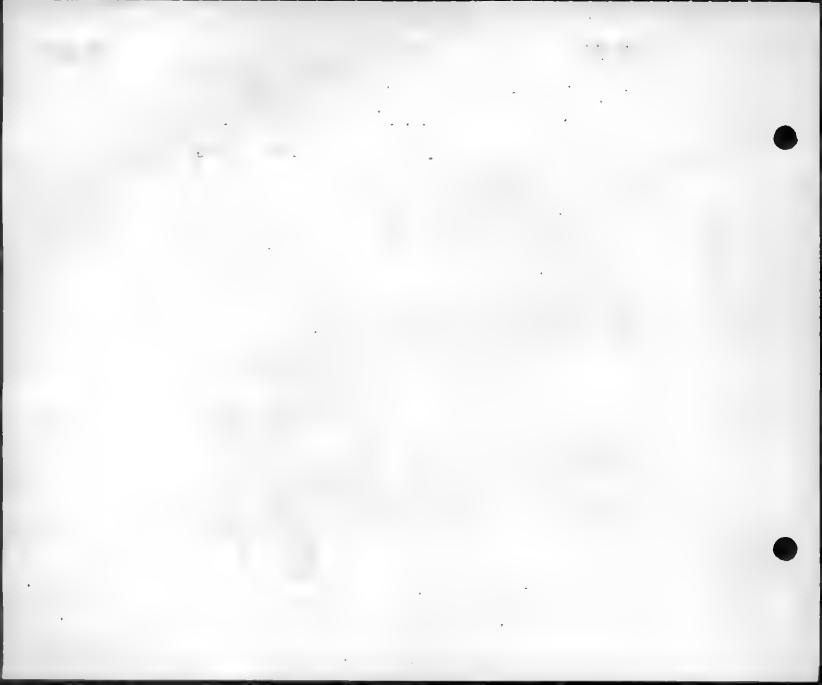
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please empowe carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and and any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16101		CERTIFICAT	E OF DEATH		16102				
1 PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institut	tion Residence before admission)				
O COUNTY Prince Geo		MARYLAND	o. STATE Maryla	ind b. COU	Prince George's				
 b. CITY DR TOWN (If outside corpore write RIPAL and give negrees to 	ete limets,	c. LENGTH OF STAY IN 16	C CHY OR TOWN (If ourside corporore amits write KUKAL and give nearest town)						
write RURAL and give negrest to Cheverly	nny	D.O.A.	Beltsv	ville	16.1				
d name of hospital or institution	IN (If not in hospito), g	ive street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
Prince Geo	orge's Gene	ral Hospital	11332≏₽ №	elclare tre Dr	ive YES NO 🔀				
3. NAME OF DECEASED	First	Middle	Lost	4 DATE Mon	th Doy Year				
(Type or print)	Frank		lan	DEATH NOV	221				
Male White	ACE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	Nov 11, 189	yrs yrs	Months Doys Hours Min				
100. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired PAPTINER	rkdone 10b KI T V ^{NI}	OUSTRY Sales co		& Stote, or foreign country) igton D. C.	12 CITIZEN OF WHAT				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Bernard M	lan			Mon	fre				
15 WAS DECEASED EVER IN U.S. ARMED I (Yes, no, or unknown) (If yes give word Yes)	ORCES? 16 9	OCIAL SECURITY NO 17. A]	INFORMANT Lice S Milan	Beltsville,					
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT) Conditions, if only, which gove rise to immediate couse (o). stating the underlying couse last.	RY:	(o), (b), ond (c).)	Throm Atheras	bosis elercsis	INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	IDITION GIVEN IN PART 1(o)	19 WAS ALTOPSY PERFORMED? YES NO				
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN Hour o.m.	TH	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Hour o.m. p.m.	Yeor 20d IN While of work	Not While fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	o, 20f (City or town)	(County) (State)				
21. I certify that (1) (the saw the deceased alive	nis haspital) attend on OC + 3	led the deceased from_ 1 19 <u>66</u> , and th	at death occurred at	9.5 4 to Nov. 1 3:03 M, from couses	1, 1966, that (1) (we) last and on the dote stoted abave.				
2204 SIGNATURE Thomas In.	220g SIGNATURE 22b DATE SIGNED STAFF 22b DATE SIGNED								
22c. PHYSICIAN'S NAME (Type) The	omas M Hut	chins	7515 Lan	dover Road Ke	ent Village, Md.				
	V 15, 1966	23c NAME OF CEMETERY OF Arlington Na	ational	23d LOCAT ON (City or To Arlington	own) (County) (Stote)				
24. FUNERAL DIRECTOR		ADDRESS	2So. REC'I		EGISTRAR'S SIGNATURE				
F. Gasch's	ons Hyatts	ville, Md.	DATE	NOV 16 1966	Misules Judge				



FOR STATE HEALTH DEPT. pages 1 and 2 with the State Department of in any event within 72 hours after beares necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bund-transit permit. File Health or its designated agent, prior to burial, cremation, or removal, and TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

ON STREET, BALTIMORE, MARYLAND 21201

2 MEDICAL EXAMINER'S CERTIFICATE OF 16102

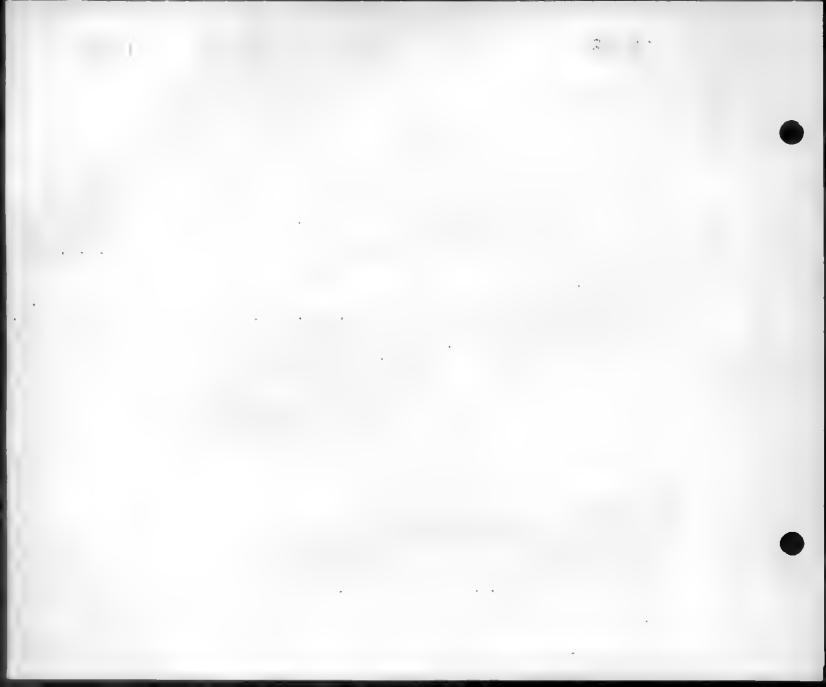
16103

Prince George General Hospital 1025 Cranston Ave YES	V
Wite RURA, and give reases trawn) Charter Type d NAME OF HOSPITAL OR INSTITUTION (If not in hosp-to give street address) JAME OF HOSPITAL OR INSTITUTION (If not in hosp-to give street address) JAME OF HOSPITAL OR INSTITUTION (If not in hosp-to give street address) JAME OF GEORGE General Hospital JACS Cranston Ave YES NAME OF HOSPITAL OR INSTITUTION (If not in hosp-to give street address) Indicate Lost of DATH JAME OF FIRST Month Doy Mo	
d NAME OF HOSPITAL OR INSTITUTION, If not in hospid give street address) Prince George General Hospital A025 Cranston Ave YES NAME OF First Middle Lost 4 DATE Month Doy DECEASED (Type or point) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED TO Mar 1930 36 (in years distributed) Negro WIDOWED DIVORCED TO MARRIED NEVER MARRIED DIVORCED TO MARRIED DIVORCED DIVORCED TO MARRIED DIVORCED	(n)
Prince George General Hospital 4.025 Cranston Ave YES Name Of DECEASED (Type of pant) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED TO MARY NEVER MARRIED DIVORCED TO MARY DID ASLA OCCUPATION, (Give kind of work done durying most of swarking life. went if retired) 13. FATHER'S NAME 14. MOTHER'S MARRIED 15. WAS DECEASED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED FORCES? PART I DEATH WAS CAUSED BY: IMMODIATE CAUSE (a) MILLIPLE TID FRACTURES (b) MILLIPLE TID FRACTURES MILLIPLE TID FRACTURES (conditions, if any, which gave fise to immediate couse (a), storing the underlying cause Biss to immediate couse (a), storing the underlying cause (b) MILLIPLE TID FRACTURES (conditions, if any, which gave fise to immediate couse (a)) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	RESIDENCE
Address December 19 Per	A FARM?
DECEASED Type or pont Howard C Mitchell DEATH 1 1 1 1 1 1 1 1 1	NO J
Type or pont Hotgard C Mitchell DEATH 9 AGE (In years last brithday) Months Days Hotgard Neuron N	Year
Negro widowed Divorced Tik Mar 1930 36 yrs Months Days H IDD US.AI OCCUPATION (Give kind of work done dury g most of working the ween if retired) IDD KIND OF 8.5NNESS OR 11 BIRTH ACE (State or fore gn country) 13. FATHER'S NAME 14. MOTHER'S MARTER OF DEATH (Enter on y ane cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNI	19 66
Negro DIVORCED D	NDER 24 HRS.
dury'g most of workingstile, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN S ARMED FORCES? [Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address War Multiple Tib fractures (a) Hemothorax—bilateral Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Multiple rib fractures (b) Multiple rib fractures (c) PART II OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRET I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PRET I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PRET I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PRE	eurs Min
13. FATHER'S NAME 15. WAS DECEASED EVER IN S ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mary Mile Security Mary Mile Security Mirror A Solds Address Mary Mile Security Mary Mile Security Mirror A Solds Address Mary Mile Security Mirror A Solds Address Mary Mile Security Mirror A Solds Mary Mile Solds Mary Mile Security Mirror A Solds Mary Mile Solds Mary Mile Security Mirror A Solds Mary Mile Solds Mary Mile Security Mirror A Solds Mary Mile Solds Mary Mile Security Mirror A Solds Mary Mile Mile Solds Mary Mile Solds Mary Mile Mile Solds Mile Solds Mary Mile Mile Solds Mile Solds Mary Mile Mile Solds Mile Solds Mile Solds Mary Mile Mile Solds Mile Solds	AT
13. FATHER'S NAME 14 MOTHER'S MODEN NAME 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN . S ARMED FORCES? 15. WAS DECEASED EVER IN . S ARMED FORCES. 15. WAS DECEASED EVER IN . S ARMED FORCES. 15. WAS DECEASED EVER IN . S ARMED FORCES. 15. WAS	7
(Yes, no, or unknown) (If yes give war ar dates of service)	
(Yes, no, or unknown) (If yes give war ar dates of service)	
CAUSE OF DEATH (Enter on y and cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemothorax—bilateral PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Multiple rib fractures DUE TO Stating the underlying cause (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PER TO THE SIGNIFI	
CAUSE OF DEATH (Enter on y ane cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemothorax—bilateral PART II DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemothorax—bilateral Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PER TO THE SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PORT OF CAUSE OF DEATH DIVER OF CAUSE OF BUT OF CAUSE OF INJURY (Hame, farm, factory, street, affice bldg, etc.) CAUSE OF DEATH HOUT OF CAUSE OF DEATH DIVER OF CAUSE OF INJURY OCCURRED (Enter nature of Injury in Port I or Part II of Item 18.) PRIMARY DIVERSE OF DEATH DIVER OF CAUSE OF DEATH DIVER OF CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PORT OF CAUSE OF DEATH BUT OF CAUSE OF INJURY OF COURSE OF INJURY OF CAUSE OF INJURY OF CAUSE OF INJURY OF CAUSE OF INJURY O	
PART IDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) POUR TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED TO DEATH TO THE TERMINAL CAUSE WAS PRIMARY EX OF CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED TO THE TERMINAL CAUSE WAS PRIMARY EX OTHER SIGNIFICANT CONDITIONS COURSED TO THE TERMINAL CAUSE WAS PRIMARY EX OTHER SIGNIFICANT CONDITIONS COURSED TO THE TERMINAL CAUSE WAS PRIMARY EX OTHER SIGNIFICANT CONDITIONS COURSED TO THE TERMINAL C	BETWEEN
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b) Multiple rib fractures PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PRIMARY EX Or CONTRIBUTING CAUSE WAS PRIMARY EX OR CONTRIBUTING CAUSE OF DEATH Driver of car which ran off road and it bridge support of the control of	ND, DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRIMARY BY OF CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRIMARY BY OF CONTRIBUTING TO COURSED CAUSE OF DEATH Driver of car which ran off road and '.it bridge supplication, street, affice bldg, etc.) Cause of Death Hour a.m Cause Of Death By WA PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMINAL CAUSE WAS PRIMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMIN	4000
rise to immediate cause (a), stating the underlying cause (biss. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREMARY BY OF CONT	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRIMARY BY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRET II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WA PER YES [200 EXTERNAL CAUSE WAS PRIMARY EXT OF CONTRIBUTING Diver of car which ran off road and it bridge supports to the contribution of the contri	
YES	ALTOPSY
20c I.Me Of MULRY Month, Day, Year Hour a.m 20c I.Me Of MULRY Month, Day, Year 40c I.Me Of Mully Mon	OR MED?
20c I.Me Of MULRY Month, Day, Year Hour a.m 20c I.Me Of MULRY Month, Day, Year 40c I.Me Of Mully Mon	NO 🗌
20c I.Me Of MULRY Month, Day, Year Hour a.m 20c I.Me Of MULRY Month, Day, Year 40c I.Me Of Mully Mon	
0:00 of wark of wark of Band W Parkway at rt. 450, P.G.	
0:00 of wark of wark of Band W Parkway at rt. 450, P.G.	
21. I certify that I taok charge at the remains described above, held an Autopsy List. Inspection List. Inquiry Isol. and in	(State)
deoth resulted from: Notwer causes , Accident , Suicide , Homicide , Undetermined manner	(State)
ACTUAL CHIEF MEDICAL EXAMINER [(State) Md.
SIGNATURE	(State) Md. my opinian
EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 11-12-	(State) Md.
NAME (Type) Address (Street, city town, or county) 230 BURIA_CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State) Md my opinian ATE SIGNED
230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State) Md. my opinian MATE SIGNED
24 PHYERAL DIRECTOR ADDRESS 1) 250 REC BY REGISTRAR 250 REGISTRAR 5 SIGNATURE	Md . my opinian Mate signed (State)
DATE NOV 15 1986 Peliarles Je	(State) Md. my opinian MATE SIGNED



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE		16103 M	EDICAL EXAMINER'S	CERTIFICATE OF D	EATH 1	6104
ALTH DEPT.		LACE OF DEATH COUNTY		2 USUAL RESIDENCE (Where of o. STATE	deceased lived, f institution Re b. COUNTY	sidence before admission
d 3 ta d 3 ta . Page nent af death.	\vdash	Prince George's CTY OR TOWN (If autside corparate mits,	MARYLAND C LENGTH OF STAY IN 16	Conn.	arparate limits, write RURAL and	d num nament town?
1, 2, and 3 1, 2, and 3 1m PM3. Pa Department rs after dear		write RURAL and give nearest town)		,	arparate limits, write KUKAL and	3 give nearest tawn)
2, an PM3 partm after		Cheverly NAME OF HOSPITAL OR INSTITUTION (If not in hospi	DOA tol. outgoest oddfoest)	Hamden d STREET ADDRESS		e 3 RESIDENCE
ges 1, form form haurs	7					ON A FARM?
iges n for hau		rince George General Ho	spital Mødde	last 4. D		YES NO X
Give Pages ang with for th the State		DECEASED		. 0	F	Doy Year
8. Give alang v with the	5	Type or print) John Bobig Moo		B DATE OF BIRTH	9. AGE (n years IF UN	25 19 66 NDER 1 YEAR 1F UNDER 24 HRS
■ &					lost birthday) Mon:	
Item I tond 2	-	TTC NUTTOG	b K ND OF BUSINESS OR	24 Aug. 1889 11. BIRTHPLACE (State or fore		2 CITIZEN OF WHAT
	dur	ng mast af wark ng life, even fretired) Grocer Retired	Food	Armenia		COUNTRY? U.S.A.
ncal ir nineri pages	13.	FATHER'S NAME	FODG	14. MOTHER'S MAIDEN NAME	1	0.0.8.
		Unknown		Unknown		
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17 I	NFORMANT	T Address	Hills, Md.
"pending" ii "pending" ii nief Med cal ansit permit. or removal.	£11	, na, or unknawn) (If yes give war ar dates af service) None	040309401 Mrs	Nonie M. (Cosenza. Tem	mle HillsRo
d "pending Chief Med fransit perr		18 CAUSE OF DEATH (Enter only one cause per line	e far (a) (b), and (c))			INTERVAL BETWEEN
statute be as the word "per as the Chief I burial-transit mation, or re		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)H	eart failure			ONSET AND DEATH
ward ward the Ch urial-tra			rteriosclerotic	heart disease		unknown
burit		Conditions, if any, which gave (b) (b)				
are structed by the ward of ta the C a burial-tr cremation,		stoting the underlying couse				
writing rwarded rsed as		lost. (c)	NO TO DESTRUCT MOTOR TO TO	THE TERMINAL DISPLET CO. D. T. C.	Object to Charles	19. WAS AUTOPSY
e, writing the standard to the standard to the standard to the standard to the standard terms of the standard	NOI	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUT.	NG TO DEATH BUT NOT KETATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(d)	PERFORMED?
+ 0 e e	FFCAT	2Da EXTERNAL CAUSE WAS 201	DESCRIBE HOW INJURY OCCURRED	Motor poters of the new Part L	ar Port II of Hom 191	YES NO X
Prior prior	IL CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	·		,	
the 4 sh fill fill fill fill fill fill fill fil	MEDICAL	Haur a m. W	Vhile Nat While facto	E OF INJURY (Hame, form ary, street, affice bldg., etc.)	2Df (City ar town)	(County) (State)
< ± 0 > 2 0			work L at work L	ld as Automore D		
please execut director. Pag etained far y DIRECTOR: Pa s designated	}	21. I certify that I taak charge of the death resulted from: Natural courses	//	id an Autopsy [,ins] ide [Hamicide [pection , Inquiry 2	
		dedin resolved ridge. Notice and courses	Accident 2 Suici	CHIEF MEDICAL EXAMI	Undetermined manner	
e e e e e e		ACTUAL SIGNATURE	MT	M.D. ASSISTANY MEDICAL EX		22. DATE SIGNED
RAL ar it		149		DEPLITY MEDICAL EYAL		
ecessary, phe funeral may be no FUNERAL ealth ar it		NAME (Type) John, Kence, M.D.				11-25-66
necessary, the funeral 5 may be r O FUNERAL Health ar it	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		d LOCAT ON (City or Town)	(County) (State)
- 4	1	UKIAK Z811		MEM (EM)	As a libraria) N N
VR A15ME (5)		FUNERAL DIRECTOR	P. ADDRESS	250. REC'D BY RE	GISTRAR 256 REGISTRA	liarly Judge



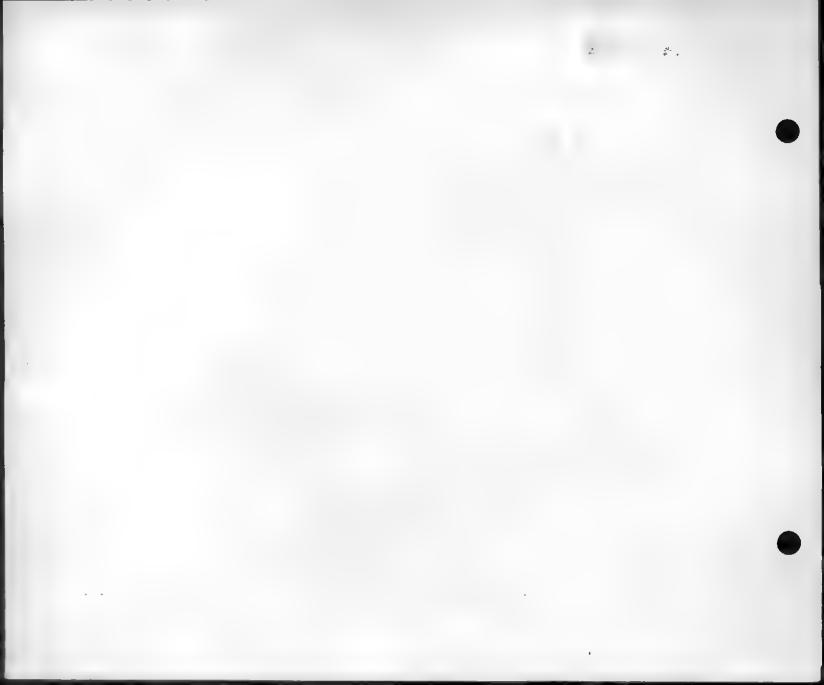
nectain.		1	Division of STATISTICAL RESEARCH AND RECORDS, 3	301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR ST				S CERTIFICATE OF DEATH 16105	
	DEPT.		PLACE OF DEATH 1. COUNTY Prince George's MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a. STATE b. COUNTY Maryland Prince George's	
y deloy is , and 3 to PM3 Page	tment er dea		o CITY OR TOWN (if autside carparate Tmits, c LENGTH OF STÂY IN 1b write RURAL and give nearest tawn)	Maryland Prince George's c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town)	
If only	ate Department of hours after death		Cheverly DOA 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDEN ON A FART	
學	State 72 hou	3	Prince George General Hospital NAME OF First Middle DECEASED	1014 Carrington Avenue YES No) [X
long &	and 2 with the State Department event within 72 hours after deat	Š	Type or print) Richard Gong	Moy DEATH 77 3 19 6 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24	56 4 HRS M.n
em 18	land 2 w event v	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	8-13-1908 58 yrs 11 BIRTHPLACE (Store or foreign country) 12 CIT ZEN OF WHAT	wu
n 24 h Il in It ner's 0	es		ng mast af warking life, even if retired) Ianager Resturant FATHER S NAME	Washington, D.C. COUNTRY? 14. MOTHER'S MAIDEN NAME	
withi pend Examir	a P		Phee Gong Moy WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mamie Chinn 7. INFORMANT Address	
ecuted Imgʻii edical	ermit. 10vol,		s, na, ar unknawn) (If yes give war ar dotes af service)	7. INFORMACE) AUUI 0-22	
hould be executed within 24 hours afterword 'pending' in pencil in Item 18 Gw. the Chief Medical Examiner's Office olong	onsit p		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory fails	ure INTERVAL BETWE ONSET AND DEA minutes	EN TH
should word	burial-transit permit. mation, or removol,		Canditions, if any, which gove) (b) MMEDIATE CAUSE (a) RESPITATORY TRITLE Amyotrophic later	ral sclerosis dver 2 yrs	5.
icate ing the ded to	os a b I, crem		rise to immediate cause (a), stating the underlying cause last (c)		
This certificate slicote, writing the be forwarded to	L DIRECTOR: Page 3 should be used as a burial-transit permit. its designated agent, prior to burial, cremation, or remaval.	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?	Υ ?) [Σ
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours necessory, please execute the certificate, writing the word "pending" in pencil in Item 1 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office 5 may be retained for your files.	ED (Enter nature of Injury in Part I ar Part I of Hern 18.)				
AMINE of the control	ge 3 sh ogent,	MEDICAL CERTIFICATION		PLACE OF NJURY (Home, farm, 20f (City or town) (Caunty) (Sta factory, street, affice bldg , etc.)	ote)
AL EX. execute r. Page	rok: Pa		2). I certify that I took charge of the remains described above, I	held on Autopsy, Inspection &, Inquiry & ond in my op u-cide, Hamicide, Undetermined monner	inio
MEDIC please directo	DIRECTION OF THE CONTRACTION OF		ACTUAL SIGNATURE John Nehrl	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MED CAL EXAMINER 22 DATE SIG	GNE
TO DEPUTY MEDICAL EXAMII necessory, please execute the the funeral director. Page 4 st 5 may be retained for your fi	NERAL th or it		EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Mc	DEPUTY MEDICAL EXAMINER & 11-3-66	
TO D	TO FUNE Heolth	230	BUR AL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O	OR (REMATORY 23d LOCATION (City or Town) (County) (State National Arlington, Virginia	e)

VR A15ME (5) 6M 1/66 BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Stewart Funeral Home 4001 Benning Rd.,

E. NOV 7

1966 Jelian



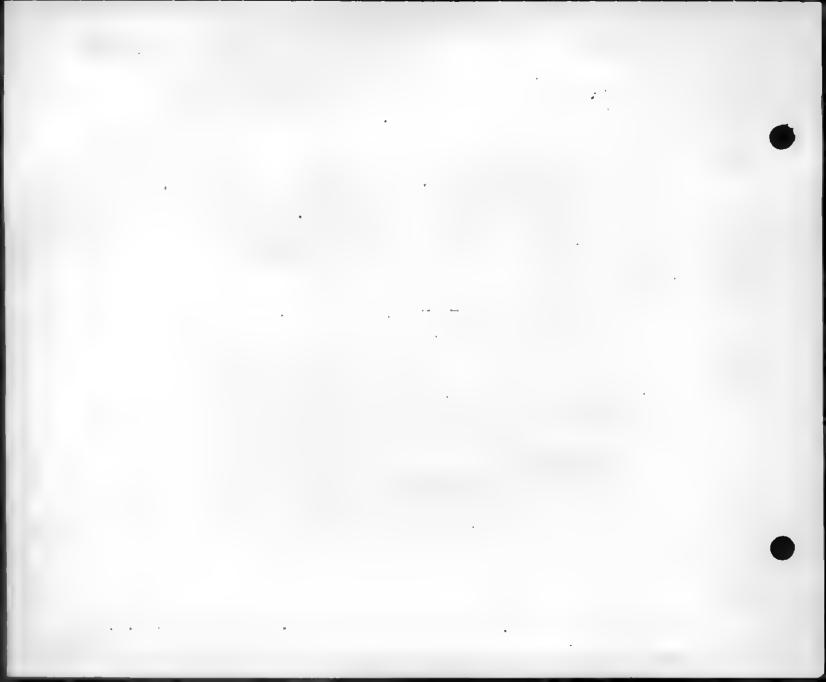
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. 24 hours after death. TO HOSE TALK BY STIERDING FUNCTION The law requirm that the Math mertificatin be mecuted within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15105

CERTIFICATE OF DEATH
16106

1,	PLACE OF DEAT	H				ENCE (Who			sidence before admission)	
	a. COUNTY	Commo La			a STATE b, COUNTY					
- 4	b. CITY OR TOW	George ts (N (if outside corporate limit	MARYLAN s. I c. Length of Stay in		Maryla c. CITY OR TOWN		e corporate limits	Prince Write RURAL	George s	
C.	Write RURAL	and give nearest town)						,	12 /	
u.	reenbel		10 yrs.		Greenbe	1t			160	
7		V10W Circle	ot in hospital, give street addr	ess)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?	
+	O Lake	ATEM CILCIE			10 Lake 1	V1ew	Circle		YES NO	
3.	NAME OF DECEASED	First	Middle		Last		DATE M	onth	Day Year	
	(Type or print)	Katherin	e S	M	uller		DEATH NOV.	11	19 66	
	sex emele	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In ye		YEAR IFUNDER 24 HRS.	
L.	emare	White WID	OWED TO DIVORCED		5 Oct. 18	581	85 yr	- Inolitare	Days Hours Min.	
10a	. USUAL OCCUPAT	TION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			(County &	State, or foreign col	mtry) 12. Cl	TIZEN OF WHAT	
uu;	Seams	tress	Taylor Shop		Poland				S	
13.	FATHER'S NAM		- 47 - 4110 0	_	14. MOTHER'S M	AIDEN NA	ME			
Ti	nknown				T7 1					
15	WAS DECEASED.	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Ad	ldress		
(Ye	s, no. or unkown)	(If yes give war or dates of service	100 OF 7(17	_		3/ 27			9_	
-			TCO-02-30T3	41	oseph L.	Mull	lor sem	e as 2	INTERVAL BETWEEN	
		EATH WAS CAUSED BY:	e per line for (a), (b), and (c). J	M	15111111	1110			ONSET AND DEATH	
		IMMEDIATE CAUSE (a)	rommune	1//	ievvvier	Pro	4		1 cary	
		DUE TO	Corelland last	111	16 AFEN	deal	to		3 rulal.	
	Conditions, if		1010	n	ac our	uou	av .		1 or cong	
	cause (a), s	tating the DUE TO	Demorp lize	11	as Herry 1	ukeri	0711		years	
_	underlying cau		for the training	- 47	-00.0770				V V	
E	PARTII, OTHER	SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUTNOT	111	14	ALDISEAS	E CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
FICA		well)-0-0 (//!-0		ills				YES NO	
	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING [] :	20b. DESCRIBE HOW INJURY	occu	RRED. (Enter nature	e of Injury	y In Part I or Part	II of Item 18.)		
MEDICAL CERTIFICATION	(IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)								
S		icia acce monary sony com			CE OF INJURY (Home ry, street, office bldg		20f. (City or town	n) (Cour	nty) (State)	
	Hour a.		While Not While at work	acto.		50,61007				
-2			attended the deceased from	. 6	1,20	1966	to 1/1/1/	// 196	6, that (I) (we) last	
		ceased alive on 7170	19 6/2 and	thal	death occurred a		7		e date stated above.	
	22a. SIGNATU		, , , , , , ,	CITO	. dodin cocerroe o	7		22b. DA	TE SIGNED	
	_	Jun WA	edutz,	M.D	ATTENDING X	MED. DIRECT	TOR THE STAFF		11-1966	
	22c. PHYSIC1	IN'S HOME IN	MODAL W.	1	22d. ADDRESS		CAIRC	17 1	1-1	
	NAME (T	ype) OTTV > VI	ADDILL W.T	, .		anc	ENDE	21/1	(6)	
23a	. BURIAL, CREM	MATION, 23b. DATE THEREO	F , 23c. NAME OF CEME	TERY	OR CREMATORY	230	d. LOCATION (CIT	y, town or cou	nty) (State)	
	REMOVAL (SP Buria	L 15 Nov	7066 N-7- GI	101	st Cem.	Co	oldwater	N. V		
24.			1966 Holiss	1			REGISTRAR 25b	REGISTRAR'S	STENATURE.	
11	11.11.19	and wa Po	o Mindo	6,3	AND DATE	JV 14	1966	march	Long	
	100111	already VC	- WWWWAY	11	THE DATE		1 4			

VR A15 (4) 15M 4-64



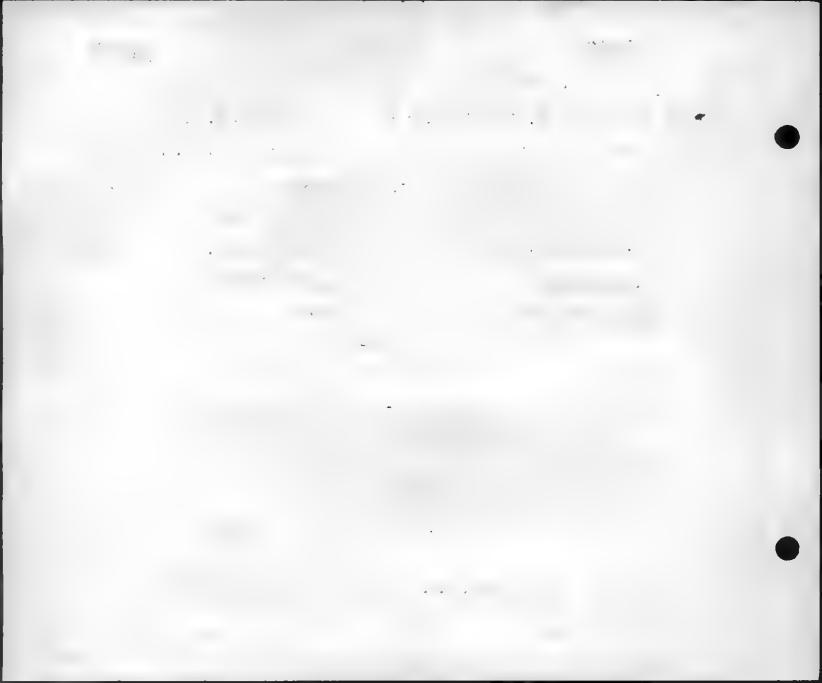
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16106 CERTIFICATE OF DEATH 17679

								1.4.	
PLACE OF D O. COUNTY						2 USUAL RESIDENCE (\ o. STATE	Where deceosed lived, if	institution Residen	ce befare odmissian)
v. coditii	Prince	e Geor	ges	MARYLA					
b CITY OR 1	OWN (ff outside	corparate lin	nits,	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If au		rite RURAL and give	neorest town)
Glêi	in Dale	Md.	(rural)	3yr 5mo		Washingt	on, D. C.		
d NAME OF	HOSPITAL OR IN	STITUTION (If	not n hospitol, g	give street oddress)		d. STREET ADDRESS			B IS RESIDÊNCE ON A FARM?
Glei	n Dale	Hospi	tal			1335 Newt	on St., N.	W.	YES NO 4
3 NAME OF			First	Midd e		Lost	4 DATE OF	Month	Doy Year 66
Type or pni	nt)	Jo	hm	Α.		Murphy	DEATH	11/ 30	19:63=
2 ZEX	6 (010	OR OR RACE	7 MARRIED	NEVER MARRIED	1.43	DATE OF BIRTH	9 AGE (In) lost birth		Days Hours Min
M		W	WIDOWED	DIVORCED		5/27/06	119 60	yrs	
100 USUAL OCCU	PATION (Give ker			ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County	& State, ar foreign countr		TIZËN OF WHAT UNTRY?
Retire	d post	al cle		DOSIKI			on, D. C.		usa
13 FATHER'S N	AME					14. MOTHER'S MAIDEN I	NAME		
Jol	n Murpl	hy				Nora Wright			
IS WAS DECEA	SED EVER IN U.S. a nown) (If yes gr	ARMED FORCE		SOCIAL SECURITY NO	17. IN	FORMANT		Address	
Army		2-1944		400		decedent			
1 18. CAUSI	OF DEATH (En	er on y one	couse per line for	(o), (b), and (c))					INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction							20NS LAND DEATH		
- 4	The state of the s							unknown	
	Conditions if ony, which gove (b) Arteriosclerotic heart disease							unknown	
	stating the underlying course & DUE 10								
last.								unknown	
PART II O	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Hypertension: cerebrovascular accident, remote							19. WAS AUTOPSY PERFORMED?	
13						*			YES NO A
☐ 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW IN.				SCRIBE HOW INJURY OCC	URRED (E	nter noture of injury in	Part I ar Part II af Item	1B.)	
(IF EITHER,	NOTIFY MEDICAL								
	OF INJURY Mon	th, Day, Yeor	20d 1h While			OF INJURY (Hame, farm ry, street, affice bldg , etc.)		awn) (Eo	unty) (Stote)
	p.m.		9 at work	c of work					
				ded the deceased fr	am	6/ 24/	9 <u>63</u> , ta	11 / 309	66 , that (X (we) las
	saw the deceased alive an 11/30/1966, and that death accurred at 9:00PM from causes and an the date stated above								
22o 51G1	ATTENDING - MED - STAFF								
00. 8119								30/66	
	PHYSICIAN S NAME (Type) Moe Weiss, M.D. ZZd ADDRESS Glenn Dale Hospital Glenn Dale, Md.								
230 BURIA ((Specify)	23b DATE	THEREOF	23c NAME OF CEMETE	RY OR C	REMATORY	23d LOCATION (Cr	ty ar Town)	(County) (State)
24 FUNERAL	DIRECTOR		4 / 1	ADDRESS	^			2Sb. REGISTRAR'S S	- 4
Hunk	on Fu	neral	Home	Wish.	<u> </u>	C. DATE	0 1 6 1966	Jacone	es Judge
									The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO NOIPITAL OR ATTINGING PHYDICIAN. The low requires that the death certificate by executed within 24 hours after death.

Page 4 may be retained by the hospital ar ottending physician.



FOR STATE HEALTH DEPT.

any deray is

necessary, please execute the certificate, writing the ward "pending" in pencific Item 18. Give Rages 1, 2, and 3 tail the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate should be executed within 24 hours after aeath. If

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department af

Health priar ta burial, cremation, ar removal, and in any event within 72 haurs after deathy

16107

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16107

TOTO			OLIVINI ONLIE O						
I. PLACE OF DEATH				Where deceased lived, if institution. Reside	nce before admission)				
	o. COUNTY Prince George MARYLAND			o. STATE 6. COUNTY Prince George					
b CITY OR TOWN (Prince George If auts de carparate limits,	C LENGTH OF STAY IN 16	C CITY OR TOWN (II or						
write RURAL and	d give nearest tawn)		c CTTY OR TOWN (11 autside carparate limits, write RURA, and give nearest town)						
	Cheverly 4 days			andover Hills	/				
d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)			d STREET ADDRESS	e IS RES DÊNCE On a farm?					
Prince	George General	Hospital	700L Ta	vlor Terrace	YES NO -				
3 NAME OF	First	Middle	_ ast	4 DATE Month	Doy Year				
(Type or pant)	Raymond		Myers	OF DEATH	17 19 66				
S. SEX	6 COLOR OR RACE 7 MARR		B DATE OF BIRTH	9 AGE (In years IF UNDER	B47				
7.5	White WIDOW	= = =	June 1904	lost birthday) Months	Days Hours Min				
IOO IS IAL OCCUPATION	**************************************	b K ND OF BUSINESS OR			IT ZEN OF WHAT				
during mast at working	life, even if retured)	ND CESIFIEDS OF SOURCE	COUNTRY?						
	rpenter		W. Virgi		٥.				
13 FATHER'S NAME			14 MOTHER S MAIDEN						
	bert Myers		Mary Richards						
15 WAS DECEASED EVE	R IN J.S. ARMED FORCES? [(If yes give war ar dates al service)]	16. SOCIAL SECURITY NO 17	INFORMANT	Adoress					
(102,110,0101010111)	At les dive set at ance at source								
IB. CAUSE OF DI	EATH (Enter an y ane cause per tine	lar (a), (b), and (c).)			INTERVAL BETWEEN				
PART I. DEA	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH								
900.0	DUE TO	AUE LEC LASTS - 1	THE THINE						
	Toff homethones (2500)								
nse ta immediat	rise to immediate cause (a), (DUS 70								
stating the unde	riving couse	Punt inc conti	a anounteem /	descending thoraci	d) / dame				
) (c)								
PART OTHER \$1	GNIFICANT CONDITIONS CONTR BUTH	NG TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE COI	ND TION GIVEN N PART 1(a)	19 WAS AUTOPSY PERFORMED?				
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{					YES T NO				
1 L 20g EXTERNAL CAUSE WAS 20g DESCR BE HOW INTURY OCCURRED (Enter nature of injury in Part for Port L of tem 18.)									
PRIMARY or CONTRIBUTING A Fell down steps and home and struck left chest.					t.				
20k TIME OF INJU-	11 13 19 66 W		tary, street, ollice bldg , etc.						
21 Leavil	w that I took charge of the	remains described obove, he			ond in my opinion				
deoth result					Outdom to took objugger				
deoin result	led Hoth: Nother Conses	Suice Accident) 🔀, Suice	ide, Homicide						
ACTUAL	Den 1	10/10	CHIEF MEDICAL		22. DATE SIGNED				
SIGNATURE	yrun			DICAL EXAM NER					
EXAMINER'S	// John Kel oe,	M.D., Riverdale	DEPUTY MEDICA	-2/-	12-15-66				
NAME (Type)	/ /	Las must as contrary		t, city, tawn, ar caunty)					
230 BJRIAL CREMATIC REMOVAL (Specific		23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(Caunty) (State)				
REMOVAL (Speak)	20Nov.1966			Martinsburg, W.V					
24 FUNERAL DIRECTO		ADDRESS	2So. REC'S	D BY REG STRAR 2Sb REGISTRAR'S	SIGNATURE				
W.W.Chamb	pers Co., Riverda	ile, Md.	DATE [IFC 27 1966 Och	mela Judge				

VR A15ME (5) 6M 1/67

Tem & 384-12/27/66- Fild

" a gerse's reported on regular cert for te and.

1 . d hove lan on M. E. forme

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

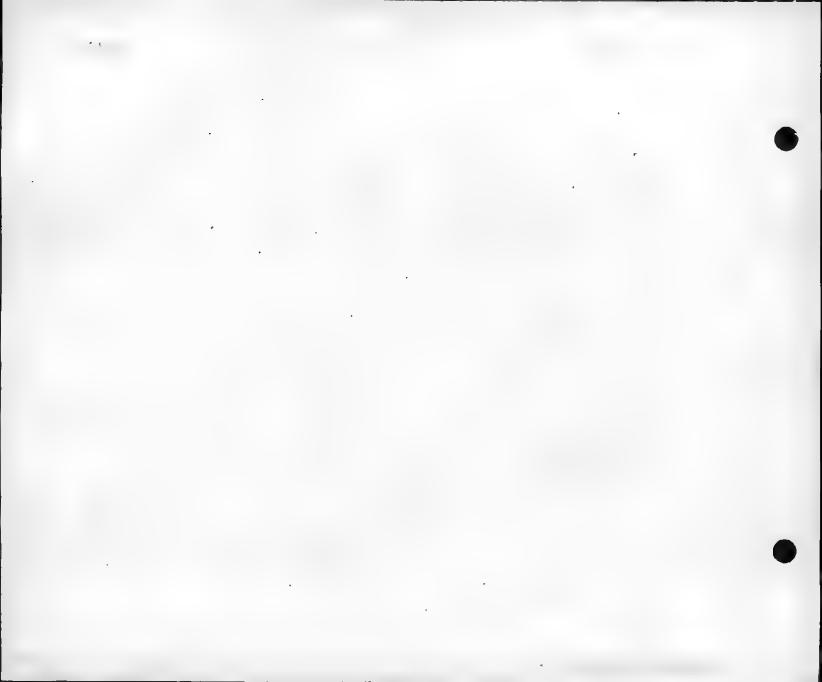
4	10102	CERTIFICATE	OF DEATH		16108					
ı	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (V	Where deceased lived if institut a	n Residence before admission)					
1	Prince George	S MARYLAND	a STATE Florida b. COUNTY							
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c LENGTH OF STAY N 16	c CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn)							
		D. O. A.	Lutz		I - 16 DECIDENCE					
1	d NAME OF HOSPITAL OR INSTITUT ON (If not in he	1	d STREET ADDRESS Rt. # 3 B	or 1677	e IS RESIDENCE ON A FARM?					
ŀ	Prince George George Grant	en. nosp.		4 DATE Month	YES NO					
ı	3 NAME OF First DECEASED (Type or print) Burdett	Nels	Last	OF NOV.	24 1966					
ŀ	1,100		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS					
		DOWED DIVORCED	19th. June	1891 75 yrs	Manths Days Hours Min.					
l	10a LSUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County	12 CITIZEN OF WHAT						
	during most of working life, even if retired) Ret. Steam Eng	INDUSTRY	Mich.	COULTRY?						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I							
	Andrew Nelson		Jerdina B							
1	IS WAS DECEASED EVER IN US ARMED FORCES? (Yes, na, at unknown) (If yes give war at dates af servi		NFORMANT	Addres						
			elen Nelson	6809 Ingraha	m St., Riverdale					
1	18 CAUSE OF DEATH (Enter on y one cause per PART I, DEATH WAS CAUSED BY:		NTERVAL BETWEEN							
	MMEDIATE CAUSE (o)	Heart failure			712071000					
	Conditions if any, which gave) (b)	over 2 yrs.								
ı	rise to immediate cause (a), stating the underlying cause	Arterioscleroti								
MEDICAL CERTIFICATION	lost. (c)									
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO \(\sqrt{S} \)					
	2Go ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I ar Part II af Item 18)						
1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Hame, farm	n, 20f. (City ar tawn)	(Caunty) (State)					
MEDI	Hour a.m p.m. 19		rry, street, affice bldg., etc.)		, ,					
	21 certify that (1) (this haspital) attended the deceased from Jest 1966, to 200 1966, that (1) (we) lost									
	saw the deceased alive an 21 2000 19 GF, and that death occurred at 2.424M, from causes and an the date stated above.									
	220 SIGNATURE 22b DATE SIGNED STAFF 22b DATE SIGNED									
ı	22c PHYSICIAN S	M.D. PHYS DIRECTOR DI								
ı	NAME (Type) John K	Tehoe, M.D.	6300 Rive	rdale Rd. Ri	verdale, Md.					
ŀ	23a BUR AL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Tow						
	REMOVAL (Speedty) Nov 29, 19			Big Rapids,						
	24 FUNERAL DIRECTOR F. Gasch's Sons	Hyattsville, Md.	51		SISTRAR'S SIGNATURE					
1	1 9 (1000011 0 0110	V	DATE IN	0V 2 + 1966 /	The state of the s					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burnal, crematian, dirrenjoval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

. r.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16109 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence-before admission) the funeral b COUNTA a COLNTY a STATE MARYLAND papers. Pages 1 nn 72 hours affer b CITY DR TOWN (If autside carporal c LENGTH DE STAY IN 16 m ts, write RURAL and give nearest town) write RERAL and give negran town Rouse e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL DR INSTITUTION (If not in hasp tax a've street address) event, within 72 NO N YES NAME OF Middle DATE Year pan etely DECEASED ÔF (Type or pnnt) DEATH 50 IF UNDER 1 YEAR OF BIRTH AGE (n years COLOR OR RACE 7 MARRIED NEVER MARRIED remave last bittliday) Manths Days Hours and in any WIDOWED ond 12 CITIZEN OF WHAT KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done COLIMIRY during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND INFORMAN permit yes give war at dates at service. or Joknawn) burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per lipedos (a) ONSET AND DEATH burnal-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by by the hospital ar attending physician. DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO tar use os the l stating the underlying cause last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has FICATION NO. this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FY MED CALEXAMINER) MEDICAL 20d INJURY OCCURRED_ 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Haur a.m While Not-While 21. I certify that (I) (this haspital) attended the deceased fram O HOSPITAL OR ATTEND Page 4 may be retained 0 and that death occurred at 1 36 M, from causes and on the date stoted obove. O FUNERAL DIRECTOR: saw the deceased alive on 22b DATE SIGNED 22a. SIGNATUR STAFF M.D. PHYS DIRECTOR PHYS director, page shauld be filed 22d. ADDRESS 22c PHYSIC AN S NAME (Type 23d DIDCATION (City BURIAL CREMATION or Town REMOVAL (Specify) 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S, SIGNATURE 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges MARYLAND b City OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Write RURAL and give negrest town)
Glenn Dale (rural) 3 mo 10 days Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? Glenn Dale Hospital No fixed address YES NO X 3. NAME OF First Middle Last OATE Month Year OECEASEO Nesbitt November 1966 Eston (Type or pnnt) CEATH IF UNDER 1 YEAR 9. AGE (In years JANDER 24 HRS 5 SEX B DATE OF BIRTH 55 last barthday) 6 COLOR OR RACE 7. MARRIED XX NEVER MARRIED Manths Ogys Hours 8/2/11 WIDOWED DIVORCED 10o USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY USA unknown unknown S. C. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Nim Nesbitt Nancy Ballinger 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give wor or dates at service) 17 INFORMANT Address 16. SOCIAL SECURITY NO. decedent unknown unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 30NST AND DEATH PART I DEATH WAS CAUSED BY. Operative death, left above-knee amputation IMMEDIATE CAUSE (p) DUE TO Conditions, if any, which gave (b) gangrene of left foot and leg 2 months rise to immediate couse (a). OUE TO arteriosclerotic cardiovascular disease with stating the underlying cause last. perinheral arterial insufficiency Vrs. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) Right above-knee amputation, remote. NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20g. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour p.m. Not While factory, street, office bldg., etc.) at wark at wark 11/13/966 , that N) (we) last 19**66** ta 21. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on 11/13/19 66, and that death occurred ot6:30PM, fram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 11/13/66 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital, Glenn Dale, Md. NAME (Type) Moe Weiss, M.D. 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATOR) DATE THEREOS LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE ADDRESS

executed within 24 hours after death campletely filled in by the funeral ove carban papers. Pages 1 and y event, within 72 haurs after deat remaye carban physicialmand law requires that the death certificate be please en signed by the burnal-trans.t p physician. attending p as the prior tal has been O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us be retained by the haspital ar 8 director, page 3 should be filed v Page 4 may VR A15 (4) 20 M 1/66

any

and in

or removal

crematian,

burial

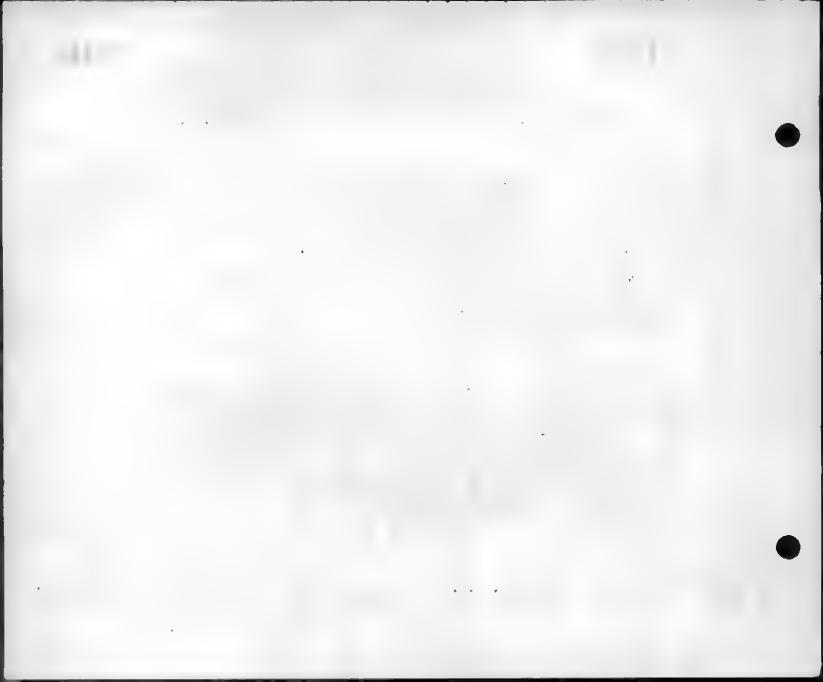
Health

af

Dept.

State |

with the



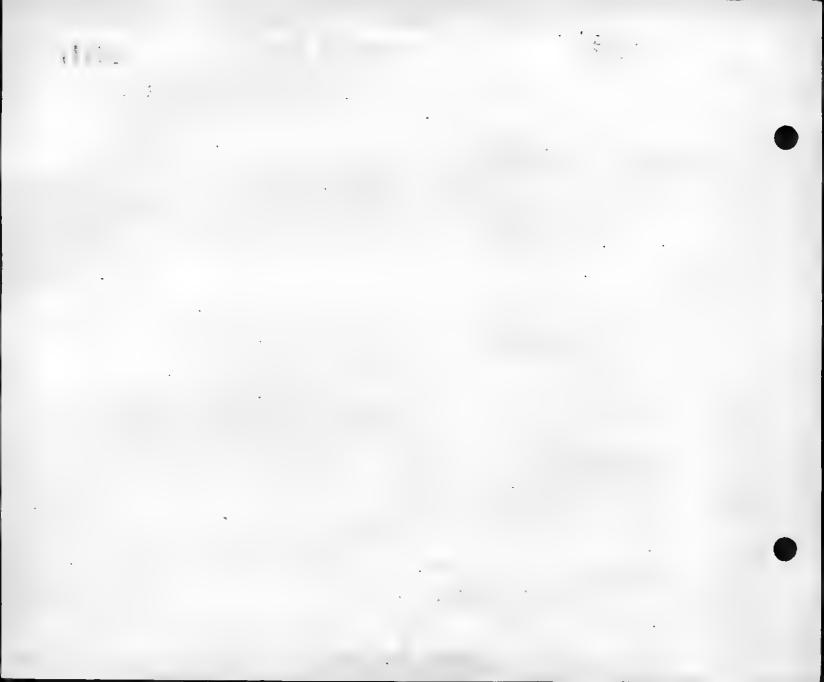
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE degith The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission D. COUNTS 5 by the f remove carbon papers. Pages remove tarbon papers. Pages b. CIY OR TOWN (flourside corporate limits Write RURAL and give nearest town)
FOR REST VILLE Yns d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? ⊑ filled 2308 Ritchie Road YES NO K Middle 3 NAME OF First DATE Month Doy completely OF DEATH DECEASED (Type or pont) AGE (In years IF JNOER 1 YEAR IF LNOER 24 HRS SEX 7 MARRIED NEVER MARRIED lost bythdoy) Months Hours Days WIDOWED 10b K NO OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) INOUSTRY attending physicion sermit. Then please 13 FATHER S NAME 14 MOTHER'S MA OEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, prynknown) (If yes give wor or dotes of service bursol, crematian, or INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO has been se as the the prior to the stoting the underlying couse last. USE OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED director, page 3 should be detached far use should be filed with the State Dept. of Health NO TE this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c. TIME OF INJURY, Month, De (County) foctory, street, office bidg , etc.) While Not While 21. I certify that (I) (this hospital) attended the deceased frame 1960 and that death accurred at L. H.M., from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 291 STENAZOR STAFF PHYS. M.D PHYS DIRECTOR AOORESS 22d. PHYS CIAN" NAME (Type) 23d. LOCATION (City or Town) **BURIAL, CREMATION** DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 11/27/66 Welcome Grove Baptist Church Warsaw. Virginia 24 FUNERAL DIRECTOR 4308 Suitland Road 25a. REC'D BY REGISTRAR 25b. REGISTRÄR S SIGNATURE

Suitland, Maryland

66

VR A15 (4) 20 M 1/66

Wilhelm Funeral Home



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16112 CERTIFICATE OF DEATH and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I. PLACE OF DEATH b. COUNTY a COUNTY PRINCE GEORGES DISTRICT OF Columbia
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARY, AND ŧ b CTY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 papers. Pag 2HRS 35 Min ANDREWS AIR FORCE BASE WASHINGTON d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1500 Ridge Place S.E. USAF HOSPITAL ANDREWS 3 NAME OF 4 DATE Middle DECEASED 19 66 23 NOVEMBER MICHAEL OGBURN (Type or print) DEATH 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthday) 17 OCT 1961 DIVORCED NEG WIDOWED MALE 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? WASHINGTON, D.C. U.S. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME NATELLA A. STEPHENS ROBERT L. OGBURN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes no ar unknown) (If yes give war ar dates of service) Б NONE MOTHER SAME AS # 2 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) 132,60 Canditions, if any, which gave SICKLE CELL ANEMIA rise ta immediate cause (a), **DUE TO** stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES XX 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INHIRY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20c, TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg , etc.) Not While at wark 🔲 at work 21. 1 certify that 10 (this hospital) attended the deceased fram 23 NOV . 19 66, to 23 NOV 1966, that (1) (we) last 19 66, and that death accurred at 1:45PM, fram causes and an the date stated above. saw the deceased alive an 23 NOV 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 23 NOVEMBER 66 M.D. DIRECTOR directar, page 3 should be filed 22d. ADDRESS WASH. D.C. 20331 22c. PHYSICIAN'S USAF HOSPITAL ANDREWS ANDREWS AFE, COHEN.CAPT.USAF.MC 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) Arlington, Virginia BUITAL Arlington National 11/29/66

III FUNERAL

VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 hours after death

funeral 1 and

.⊑

burial-trainsit

detached

CTOR:

O HOSPITAL

Home-4001 Benning Rd., MAN

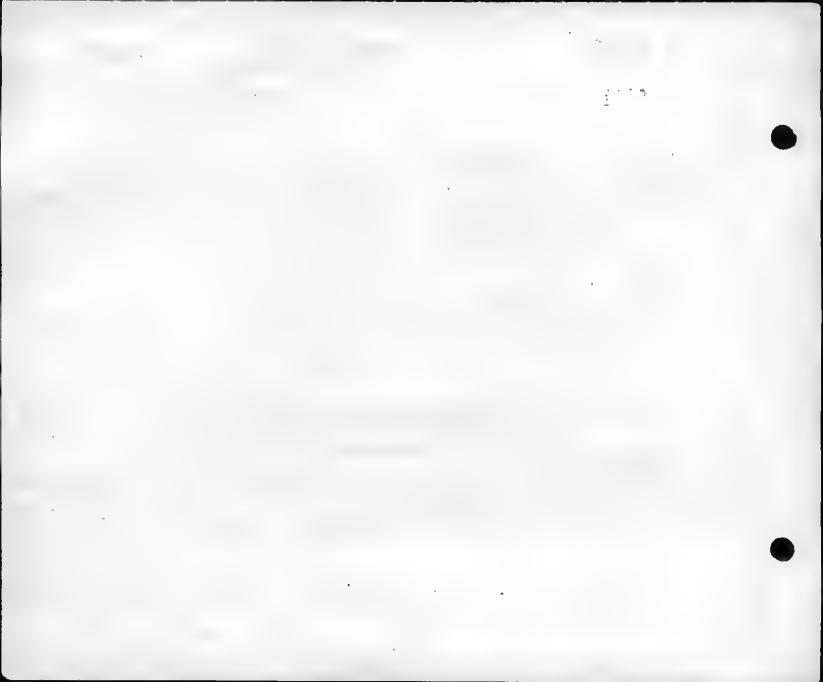
2So. REC'D BY REGISTRAR

(State)

(State)

NO D

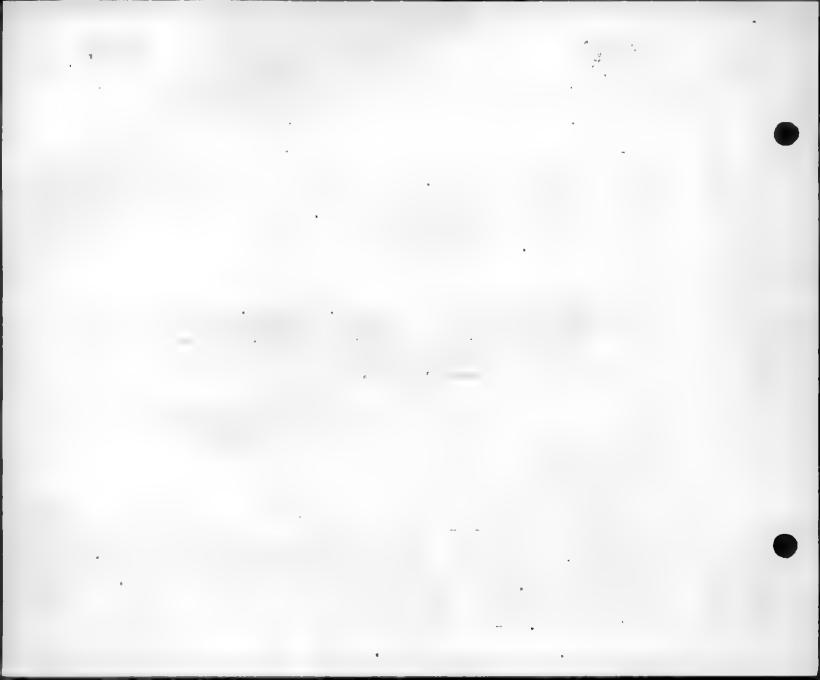
25b. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1611	.3	CERTIFIC	LAIL	OF DEATH		1611	3	
1. PLACE OF DEATH					here deceased lived, if mosti	ution Residence t	efore odmissio	on)
o. COUNTY	rince George's	MARYLA	tND	o. STATE Maryl	and b. co	Pr.	Geo's	
	(if autside corporate limits, ad give nearest tawn)	c LENGTH OF STAY IN	lb :	c CITY DR TOWN (If out	side carparate limits, write l	RURAL and give ne	egrest tawn)	
Oxon Hi	II Maryland	Life		Oxon Hill	Maryland			
d NAME OF HOSP	ITAL OR INSTITUTION (If not in has	spital, give street oddress)		d STREET ADDRESS			e IS RESII	DENCE
1296- 0	wens Road			1296- Owe	ens Road			NOx
3 NAME OF	First	Middle		Last		nth	Doy Yes	ar
(Type ar print)	LAWRENCE	0.	OW	ens	OF DEATH NOW	ember 2	23 19	66
S SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED		DATE OF BIRTH	9 AGE (In years	Months Do		
Male	White WID	OWED DIVORCED		Feb. 24-1902	Jost birthday)	Inditits Do	ays Haurs	Min.
1Da USUAL DICCUPATIO	ON (Give kind of work done	106 KIND OF BUSINESS OR		11 BIRTHPLACE (County a	State, or fareign country)		N OF WHAT	
Retired	g life, even if retired) Eliz	abeth Hospital		Maryland		co ti	SA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME			
Robert	Owens			Margaret l	4. Marr			
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY ND	17. 1	NFORMANT	Ad	dress		
No.	(If yes give wor or dates of service	7	Mr	s. Estelle A	. Owens (Wi	fe) sa	me as 7	¥ 2
18 CAUSE OF PART 1, DE	DEATH (Enter anny ane cause per I ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) M	ine for (a), (b), ond (c)) Ca	rdia	ac and Respi	ratory failurition and	re due t	ONSET AND D	WEEN DEATH
345	< DUE TO	•						
	y, which gave) (b) 1	ecubitus Ulcer						
rise to immedia								
last.	(c)							
PART II OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	ED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19 WAS AUTI PERFORM YES	OPSY NO X
OR CONTRIBUTION	YAS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCI	URRED. ((Enter nature of injury in I	Port I or Port II of item 18.)			
쥧 Hour (JURY Month, Day, Year a.m. p.m. 19	2Dd INJURY OCCURRED 2 While Nat While at work 1		CE OF INJURY (Home, farm ary, street, affice bldg , etc)		(County	()	(State)
21. I cer	tify that (I) (this haspital)	attended the deceased fr	ram	9-2-66 ,1	9, to11	23-, 1966	, that (I) (we) la:
	deceased alive on 11	<u>-21- 1966</u> , an	id that	t death accurred at	43 AM, from couse	s and an the	date stated	J abav
22a. SIGNATUR	Jac H.	Choi	Μĺ	PHYS. 4.4	MED. DIRECTOR PHYS.	Nov.	23-19	66
22c. PHYSICIAN NAME (Ty)				22d ADDRESS 957 - Co	unty Road , 1	Dist. He	ights,	Md
23a. BURIAL, CREMA REMOVAL (Speci Burial		23c NAME OF CEMETE		omot our	23d. LOCATION (City or Suitland	' '	,,	State)
24 FUNERAL DIREC	TOR Bros.	ADDRESS		Ball 228 D. () 1 1 1 1	BY REGISTRAR 256	REGISTRAR'S SIGN	ATURE	
Simmons	Bros. Funeral B	Home 1661- Gd.	Hop	e Rd DATE	2 5 1966 /	tianles	udge	

Seorth 2 to HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon popers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremotian, a removal, and in any event, within 72 haurs after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16114 FOR STATE HEALTH DEPT.

Poge

delay

hours after deoth

Pages

8 Give I

Item 1

Ē

pencil i

word

the

icote, writing the be forwarded to

4 should

funeral director.

the

be executed within

This certificate should

MEDICAL EXAMINER:

O DEPUTY

along

Office |

Chief Medical

5 after deoth. Department hours State th/the Within 3 event 000 in pencil in t Exominer's (any pages Ξ puo F1 6 removal, burial-fronsit Ь cremation, 0 buriol, 0 þe prior 3 should its designoted agent, **DIRECTOR:** Page

may be retained FUNERAL C Health ar i 0

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admiss any o. COUNTY b. COUNTY Prince George 1 s MARYLAND Prince George's Maryland CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate I mits write RURAL and give negrest town) write RURAL and give nearest town) Cheverly | DOA d NAME OF HOSP TAL OR INSTITUT ON (If not in haspitot, give street address) Maryland Park e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO X Prince George General Hospital Eads Street. 3 NAME OF Middle 4 DATE Manth Day Year DECEASED OF (Type or print) DEATH Joseph almer Thomas S SEX 9 AGE (In years IF LINDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS lost birthday) Months Dovs Haurs WIDOWED DIVORCED White Sept. 1903 Mala 10a USUAL OCCUPATION (Give kind of work done 10h K ND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT Retired GOUNTRY?A during most of working life, even if retired) Wash., D.C. Carpenter 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary M. Brown Joseph Palmer 16. SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) (If yes give war or dates of service 579-32-5497 Miss Gladys Palmer (above address) Sister INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure Arteriosclerotic heart disease unknown Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION NO IX 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of 'njury in Part I or Part II of tem 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20e PLACE OF .NJURY (hame, farm (City or fown) 20c. TIME OF AJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x inquiry 🔀 , and in my apinton Natural causes [X] death resulted fram: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Kehoe, M.D. Riverdale, Md. NAME (Type) John/ Address (Street, c'ty town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (State) Burial (Specify) Wash. D.C. Rock Greek Cem. Funeral ADDRESANT Rainier 25a REC D BY REGISTRAR 2Sb REG STRAR S SIGNATURE Nalley's 1966 Inc.

VR A15ME (5) 6M 1/66

Home

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a COUNTY o STATE b COUNTY Poge death. Prince George's Prince George's MARYLAND Maryland delay b CITY OR TOWN (If outside carporate limits. C. LENGTH OF STAY IN 16 (CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town) 2, to. P.M3. Deportme write RURAL and give neorest tawn). ofter Cheverly DOA Chillum d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE hours with form ON A FARM? YES NO G Item 18. Give Poges Office olgage with for ate Parker House Terr. Prince George General Hospital be executed within 24 hours ofter death 3 NAME OF M ddle 4 DATE Month DECEASED OF DEATH e) (Type or print) Ravmond Parker S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH F UNDER 1 YEAR lost birthday) Months Dovs Hours WIDOWED DIVORCED ond 2 event Male White 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Retired - G.A.O. COUNTRY? A. U.S.Govt. Danville. Ohio ony d'pending" in pencil in Chief Medicol Exominer's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ξ Benjamin R. Parker Frances M. Baker File 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no prunknown) (If we give wor or dotes of service) removol, 579-60-2805 Mrs.Mildred N. Parker (above address 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) INTERVAL BETWEEN buriol-tronsit PART I, DEATH WAS CAUSED BY-ONSET AND DEATH 0 IMMEDIATE (AUSE (6) Bronchogenic carcinoma Vrs. This certificate should word the Ch cremotion, DUE TO Conditions, if any, which gove (b) the certificate, writing the 4 should be forwarded to rise to immediate cause (a), DUE TO stoting the underlying couse 0 burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS) CERTIFICATION PERFORMED? please execute the certificate, YES NO X e its designoted agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW NJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) 3 should PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (Gity or fown) (County) (State) Hour om. factory, street, office bldg , etc) While Not While Poge of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy ٥ Inspect on , Inquiry & and in my opinian may be retoined fi FUNERAL DIRECTO the funeral director. death resulted from: Naturo causes x Accident [Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Heolth or DEPUTY MEDICAL EXAMINER Riverdale, Md. 11-17-66 NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 Rockville. St. mary's Com. 24 FUNERAL DIRECTOR Nalley's Funeral ADDRESSILT, Rainler 250, RECT BY REGISTRAR 2Sb. VR ATSME (5) Maryland liances Inc. Home

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Lived, if institution, Residence before admission). a. COUNTY b COUNTY Page Prince George's MARYLAND arvland Prince George Is delay b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (I outside corporate limits write RURAL and give nearest town) c LENGTH OF STAY IN 1b and -P.M.3. write RURAL and give neorest town) Departr **Hyattsville** Cheverly DCA d NAME OF HOSP TAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS haurs Prince George G eneral 68th. Avenue ate Give Pages 24 haurs after death along with 3 NAME OF Middle 4 DATE 73 Month Lost DECEASED OF the Parrish Sr. within Wilson (Type or print) Joseph DEATH with S SEX B DATE OF BRIS 6 COLOR OR RACE AGE (n years 7 MARRIED NEVER MARR ED lost birthday) WIDOWED D VORCED Male !/hite Sept. 1913 event 100 USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) during most of working life, even it retired) Wholesale supervisor NOUSTRY Virginia Dairy pages Examiner percl 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME executed within .⊑ Alonz P Parrish Margaret I Routten File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or Jaknown) (If yes give wor or doles of service) Medical remayal. 579 09 8384 Lucille K Parrish Hvattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY pe IMMEDIATE CAUSE (0) Heart failure ward Arteriosclerotic heart disease certificate shauld cremation, DUE TO Conditions, if ony, which gove the rise to immediate couse (a), DUE TO stoting the underlying couse te, writing the 0 nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) prior should PRIMARY I or CONTRIBUTING I 4 shauld AL EXAMINER: CAUSE OF DEATH MED CAL 20e PLACE OF INJURY (Home, form, 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) Hour am. Not While factory, street, office bldg etc.) DIRECTOR: Page Page of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. death resulted fram: Natural couses . Accident funeral director Su cide | . Hamicide | CHIEF MEDICAL EXAMINER ACTUAL ASS-STANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAMINER **EXAMINER'S** Riverdale, Md. John Kehoe, M.D. Address (Street, city, town, or county) NAME (Type)

TONSET AND DEATH unknown 19 WAS AUTOPSY PERFORMED? NO X (County) (Stote) Inquiry E. and n my apinian Undetermined manner 22. DATE SIGNED may be re FUNERAL I 5 may be TO FUNERAL Health or 1 11-14-66 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 236 DATE THEREOF 23d LOCATION (City or Town) (County) Burial (Spec fy) Nov 16, 1966 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 2So RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

e IS RES DENCE ON A FARM?

Doy

12 CITIZEN OF WHAT

COUNTRY?

F UNDER 1 YEAR

Months

YES NO X

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

VR A15ME (5) 6M 1/66

the



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

P.M.3. Page

any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be exacuted within 24 haurs after death If

TO DEPUTY MEDICAL EXAMINER:

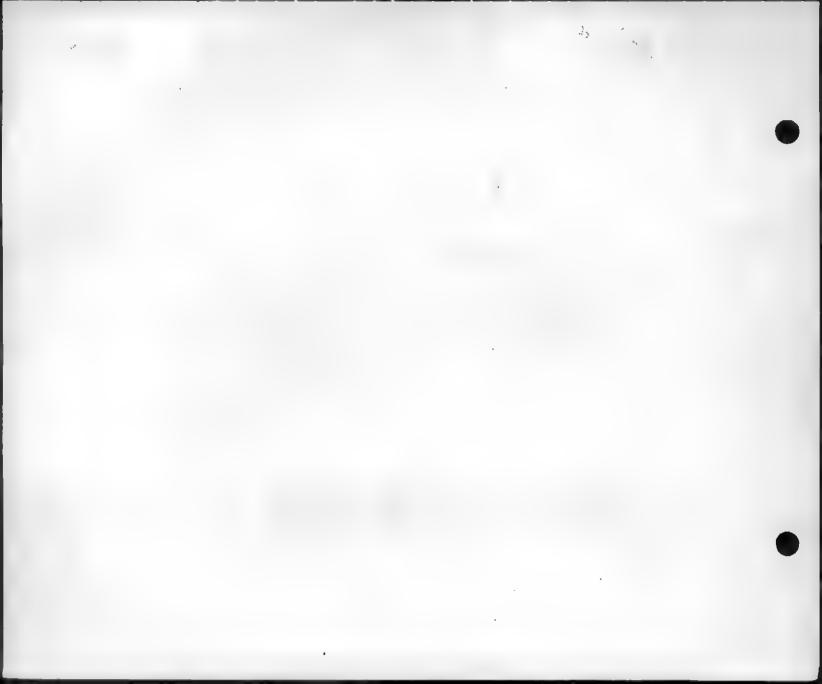
ffice alang with farm

the funeral director. Page 4 snavn be recovered to burial-transit permit. File pages and 2 with the State Department of TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages and 2 with the State Department of FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit.

necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be farwarded to the Chief Medical Examingées.

VR A15ME (5)

	TOTTS WED	ICAL EXAMINER'S	CERTIFICATE O	OF DEATH	16117		
1.	PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Where deceosed lived if institution R	esidence before odmission)		
L	Prince George's	MARYLAND	Marryland	Prince	Georgeis		
	b CITY OR TOWN (If outside corporate Tmits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL or	nd give neorest town)		
	Muickirk		Luirkirk		14.1		
	d, N ME OF HOSP TAL OR INSTITUT ON (It not in hospital, g	ive street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
			17 Bacon I		YES NO 🔀		
3	NAME OF First DECEASED	Middle	. Lost	4 DATE Month	Doy Year		
	Tunus		arson	DEATH]]	15 19 66		
S	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		NDER LYEAR FUNDER 24 HRS		
	Male Negro WIDOWED	DIYORCED	12-11-1938	27 yrs.			
10 d	Da USUAL OCCUPATION (Give kind of work done 10b KI)	ND OF BUSTNESS OR DUSTRY	11 BIRTHPLACE (Stote	. ,,	12 CITIZEN OF WHAT		
	Totor operator	, osiki		ton, D. C.	5.A.		
1	3. FATHER S NAME		14 MOTHER'S MAIDEN				
	Raymona Pearson		Bernice				
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S Yes, no, or unknown) (If yes give wor or dotes of service)		INFORMANT Address				
,	, as a second se	Ti-	Phone Pool	rsor Item #2			
	18 CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c).)			INTERVAL BETWEEN		
Ш	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) GUD S	ONSET AND DEATH					
	776 X DUE TO						
	Conditions, if ony, which gove) (b)						
	rise to immediate couse (a). Stating the underlying couse						
	last (c)						
2	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?		
CEPTIFICATION					AE2 NO K		
1111	200 EXTERNAL CAUSE WAS 20b DES	CRIBE HOW INJURY OCCURRED	(Enter nature of njury in	Port I or Port II of Item 18)			
		t self in che	st with 12 s	rauge shot gun.			
MED CAL	20c T ME OF INJURY Month Doy Year 20d IN	RY OCCURRED 20e PL	ACE OF INJURY (Home, form	n. 20f (City or town)	(County) (State)		
N N	Hour o m. 12.07amm 11.15 1966 of work	ot work out	tory, street, office b dg , etc	ne same as #2			
	21. I certify that I took charge of the rem	ioins described obove, h	eld an Autopsy 🗍	Inspection 🕝 , Inquiry	ond in my opinion		
	deoth resulted from Notural couses	_ / _	cide X. Homicide		Market Pull		
	1 / 12	1: -/	CHIEF MEDICAL				
	ACTUAL SIGNATURE	11-1-1	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED		
ŧ	EXAMINER'S John Kehoe, M.D.	Riverdale, M	d	AL EXAMINER 🔀	11-15-66		
-	Transc (Abe)	· · · · · · · · · · · · · · · · · · ·		t, city, town, or county)			
2	BURIAL, (REMATION, 236 DATE THEREOF 11/19/66.	23c. NAME OF CEMETERY OR		23d LOCATION (City of Town)	(County) (State)		
-	11/19/66.	Queen Chan		By REGISTRAR 256 REGISTR	AD C CICNAT IDE.		
1	FONERAL DIRECTOR	and wille.	T C. N	OV 2 3 1966	ARS SIGNATURE JUDGE		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16118 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Prince George Is b (ITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) MARYLAND Prince George's Maryland C. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corparate 1 mits, write RURAL and give nearest fawn) Cheverly IDOA d NAME OF HOSP TAL OR INSTITUTION (Final in haspital, give street address) Clinton d STREET ADDRESS 6801 Briarcliff Drive Prince George General Hospital 3 NAME OF 4. DATE DECEASED 0F (Type or print) DEATH Robert Lester 5. SEX 6 COLOR OR RACE AGE (In years IF LINDER 1 YEAR 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Doys WIDOWED DIVORCED Male White June 1930 IDg. JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 1] BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT INDUSTRY. during most of working life even fretired) COUNTRY? PEP. CO. LINEMAN CONN. 4.5.1 3 FATHER S NAME 14 MOTHER'S MAIDEN NAME ROBERTS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknawn) (f yes give war ar dates of service SAME AS NO 2 030-20-5677

e IS RESIDENCE ON A FARM? YES NO TO IF UNDER 24 HRS MRS BONNIE PERRY KOREA 18 CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Electrocution IMMEDIATE CAUSE (a) Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS CERTIF CATION PERFORMED? YES TO NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I, of item 18.) PRIMARY Estor CONTRIBUTING
CAUSE OF DEATH. shocked while removing fuse at construction site 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, affice bldg, etc.) dale, Prince Geo., Co., Mate) 19 66 of work of at work Rear of 5700 block of Riverdale Rd. River-Haur a m 3:06pm pm 11-3-21. I certify that I taak charge of the remains described above, held an Autopsy [x], Inspection 🔀 Inquiry 😿 and in my apinion Natural couses / Accident X. deoth resulted fram: Suicide Homicide | Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. Kehoe, M.D. Address (Street, city, town, ar county) NAME (Type) John 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23b. DATE THEREOF 23g BURIAL, CREMAT ON, REMOVAL (Specify) ARLINGTON NATIONAL CAM. BURIAL HRLINGTON 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

1966

DATE

VR A15ME (5) 6M 1766

W.W. ChamBERS

5 may be 10 FUNERAL Health ar i

Page 4 ar yaur

the funeral director.

O DEPUTY

Page

alang with farm

8. Give Pages

ward "pending" in penal in the Chief Medical Examiner's

certificate shauld be executed within

bence

haurs after death

delay

and

death.

Department of ster death

ate hat

with the St within 72

and 2 event

pages In any

File

permit

removal.

Üľ

crematian,

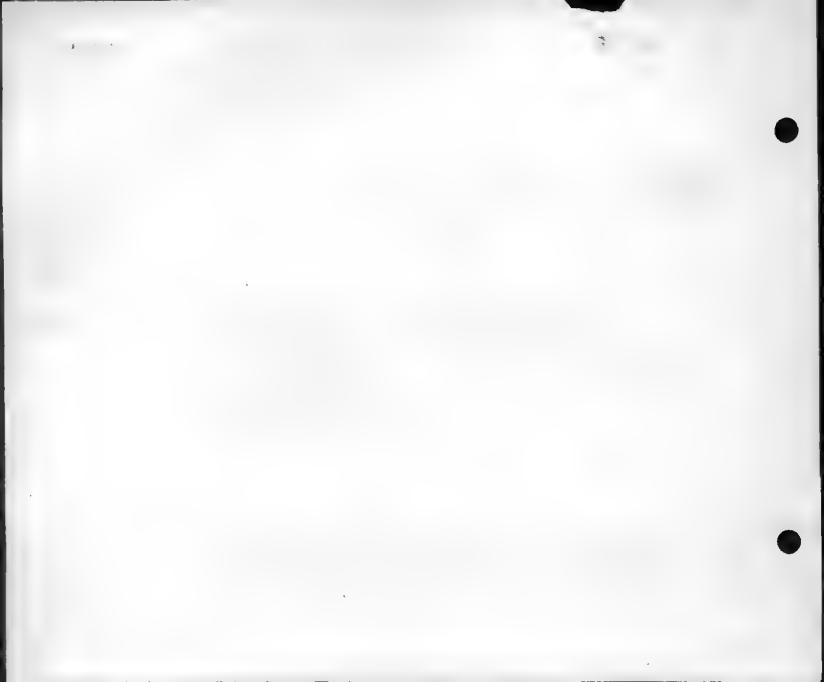
0

used a burial,

ţ,

prior 3 should

designated



AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Division of STATIST	ICAL RESEARC	H AND RECORDS, 31	I W. PRESION SIRI	EET, BALTIMORE, MARYL	AND 21201
1611	9		CERTIFICAT	E OF DEATH		16119
	rince George		MARYLAND	o. STATE Mary		Prince George's
b CITY OR TOWN write RURAL CO	If outside corporate limits, d give negrest town)		LENGTH OF STAY IN 16 2 days		utside corporote limits, write RUR r Marlboro	AL and give nearest town)
	AL OR INSTITUTION (If not			d. STREET ADDRESS 3821	Crain Highway	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Firs Rut		T. Perry		4. DATE Month OF November	er 25, 19 66
F emale	6 COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH 4/26/88	78 AGE (In years lost birthday) yrs	Hanths Days Haurs Min
during most of warking NON e	N (Give kind of work done life, even if retired)	10b. KIND (INDUST	OF BUSINESS OR TRY	Pa.	& State, or lareign country)	12 CH ZEN OF WHAT COUNTRYS . A
	. Tuell			14. MOTHER'S MAIDEN	<u> </u>	
15 WAS DECEASED EV (Yes, na, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates of	16. SOCI 218-	17. -12-7818D	Thomas T	Perry 3821	Crane Hgwy,M
	EATH (Enter only one cous TH WAS CAUSED BY IMMEDIATE CAUSE (Cerer	1. 11	ent failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, it any	te rause fa) (my	lo Eardial	dujareti	or	
stating the unde last.	rlying cause	() (1.4	livios elevot	is Heart	Durane Su	ue
PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES X NO
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II of Item 18.)	
20x TIME OF INS Hour an	3.0	20d INJUR While at wark	Nat While for	ACE OF INJURY (Hame, forn story, street, affice bldg., etc.		(County) (State)
sow the d	fy that (I) (this hosp eceosed alive on	ital) ottended	the deceosed from N 19 <u>66</u> , and the	ov. 22 , at death occurred at	19 <u>66</u> , to Nov. 21 2:40 M, from causes of	4_, 19 <u>66</u> , that (I) (we) los and on the date stated above
22o SIGNATURE	Edury)	Picen	den "	.D PHYS	MED. STAFF PHYS.	22b. DATE SIGNED 11/25/66
22c. PHYSICIAN'S NAME (Type	Edwing J.	Jensen			eorge's General	Hosp.,Cheverly
230. BUR AL (REMATION REMOVAL (Specific Burlai	23b. DATE THE		3c. NAME OF CEMETERY OR Harmony C		Lanham, Mo	

REC'D BY REGISTRAR NOV 29

-25a

1866

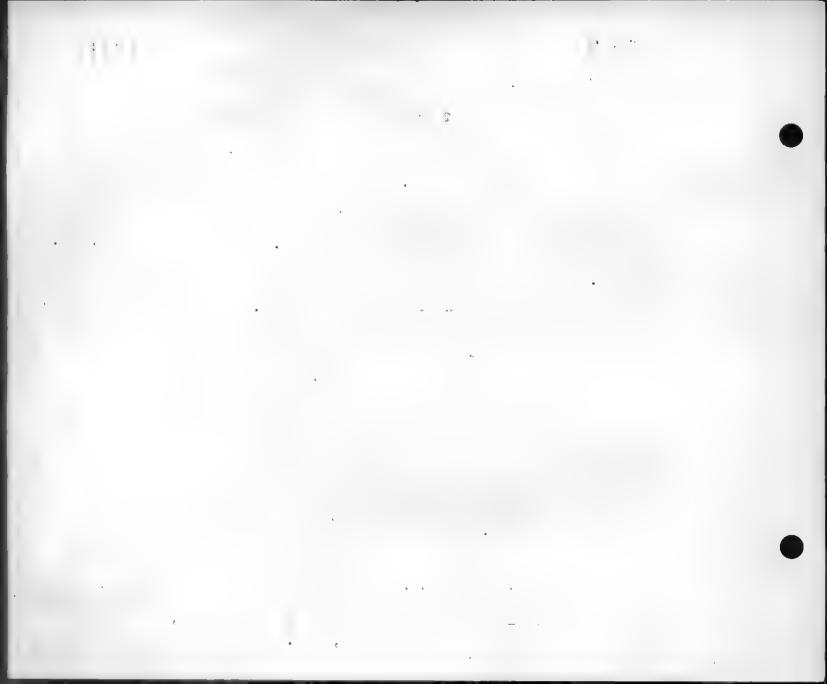
REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66 FUNERAL DIRECTOR

Home

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



FOR STATE HEALTH DEPT.

U DEFULT MEDITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay s necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form. PM3. Page pages, Land 2 with the State Department at 5 may be retained for your files

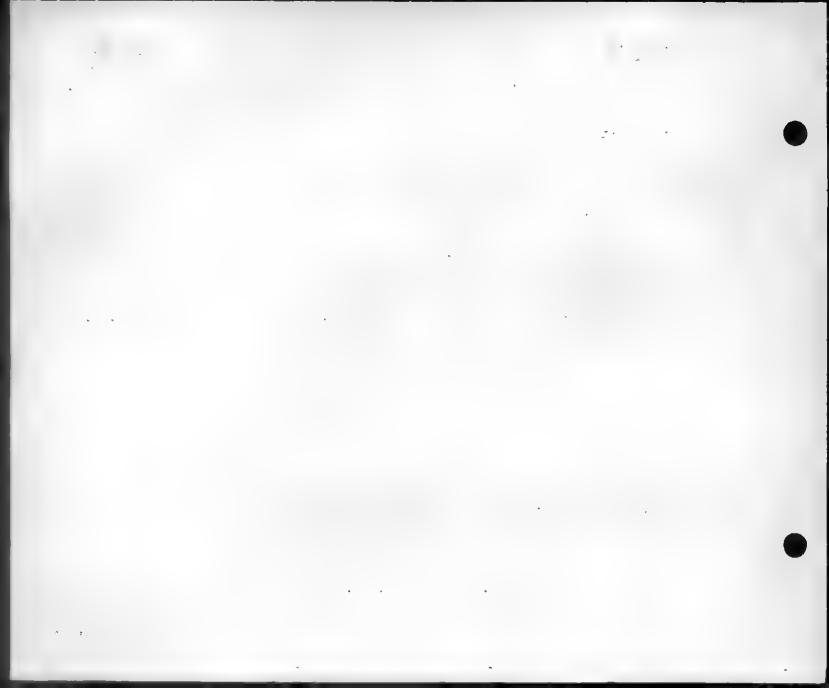
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page. Lond 2 with the State Department of Health at its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16120 MEI	DICAL EXAMINER'S	CERTIFICATE O	F DEATH	6120
1	PLACE OF DEATH		2 USUAL RESIDENCE (Vhere deceased lived, if institution	Residence before admission)
	a. COUNTY Prince George's	MARYLAND	a. STATE	b. COUNTY	1.
	b CITY OR TOWN (If autside carporate l'mits,	C LENGTH OF STAY N 16	New Jers	etside corporate l'mits, write RURA.	Hunterdon
	_write RURAL and give neorest town)	,			and give neorest town)
-	Riverdale	6 days	Flemingto	n	<u> </u>
,	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital,	,	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
\	Leland Memorial Hospital		41 Maple A	venue	AEZ NO 🔀
3	NAME OF First DECEASED	Middle	Last	4 DATE Manth	Day Year
	(Type or print) Leonard	David Pr	essman	DEATH 11	27 1966
S	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED 🚾	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED	DIVORCED 1	0-26-1943	last birthday) M	anths Doys Hours Min
	SUAL OCCUPATION (Give kind of wark done 10b	K ND OF BUSINESS OR	11 BIRTHPLACE (State	or foreign country)	12 CTIZEN OF WHAT
		NOUSTRY	Reachline	Non Unah	COUNTRY?
	FATHER'S NAME	nu. 03 ciaryani	Brooklyn, 14 MOTHERS MA DEN I	THEW GOTE	U- C- T-
1	Arthur Pressman				
15	WAS DECEASED EVER IN U.S. ARMED EORCES? 1A	SOCIAL SECURITY NO 17 I	NEORMANT GUZA	Address Address	-
()	es, na, or unknawn) ((If yes give war or dotes of service)		+1 n	41 Maple	Huenne
-	No None		thur Pressmo	in Fleminaton	
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
		eration of brai	n		
	Total I I I di	cture of skull			
		m Trauma - Moto	r scooter a	ccident	
	stating the underlying couse				
	last) (c)				
18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	ihe terminal disease con	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
E					YES NO 🔀
CERTIFICATION	200 EXTERNAL CAUSE WAS 205 E	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of tem 18)	
	CAUSE OF DEATH	iver of motor s	cooter which	h was involved i	in a collision
MEDICAL	20c TME OF NLRY Month, Boy, Year 20d	INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form	. 20f (City or town)	(County) (State)
*	7: 10 Haur am 17-14-1966 of wo	ork of Whie 2 8200	ory, street, office bidg, etc.) Block of A	delinhi Rd Prin	nce George Co
	21 I certify that I taak charge of the re	moins described above, he	ld on Autapsy	Inspection In Inquiry	and in my oninion
			ide . Homicide	Market 1	
			CHIEF MEDICAL		
	SIGNATURE SIGNATURE	11/		ICAL EXAMINER	22. DATE SIGNED
	911		DEPUTY MEDICA	NL EXAMINER 🔀	33 03 //
	NAME (Type) John/Kehoe, M.D.	Riverdale, Md		, city, town, or county)	11-21-66
23		23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
K	REMOVAL (Specify) 11/23/66	Aleminaton Je	nich Communi	tu Con Hanin	aton N. 9
	4 FUNERAL DIRECTOR	ADDRESS _ "	250 RECE	RY REGISTRAR 255	PARE CICIDAT DE C
1	Januar & Pumphron Juc	8434 George	ia Huel NUV	2 5 1966 Julia	res judge.
1.24	KERNER T. SUMBER TROLL SINC.	WALLOW SOL	MC . IIIA		

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16121 CERTIFICATE OF DEATH funeral s 1 and 2 ter deatill 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived if institut an Residence before admission) b. COUNTY a. COUNTY Prince Georges MARYLAND hours after Maryland Prince Georges c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Cheverly Brentwood-Hyattsville 4 ars 15 mins signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon papers papers d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 72 nin Avenue 550L Prince Georges General Hospmital 40th #street 3. NAME OF Middle 4 DATE please remave carbon 1/3 Last Manth DECEASED OF John Henry Punch (Type or print) DEATH Nov and in any event, AGE (In years F UNDER 1 YEAR SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days DIVORCED -WIDOWED Male White 10 June 1910 56 yrs 11. BIRTHPLACE (Caunty & State or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? remost of working life even if refined) Midlyd-Private Tower City, 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removal, Susan Adams William A. Punch 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war or dates af service) 20h-03-4720 Wm. Punch. crematian, burial-transit

5504 40th Avenue Hyattsville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY ONSET AND DEATH UPTURED IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICAT ON YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

Haur o.m.

20d INJURY OCCURRED While Nat While

at wark

at wark

20e, PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

11/2

20f. (City or town)

(County) (Stote)

1966, that (I) (we) last

B IS RESIDENCE ON A FARM? YES NO A

IF LINDER 24 HRS.

Hours

Day

21. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive of 22a SIGNATURE

M.D.

PHYS 22d. ADDRESS DIRECTOR

19 66 to 11/2

19 66, and that death accurred of 15 AM from causes and on the date stated above.

Prince Georges Coneral

22b. DATE SIGNED PHYS.

11/3/66

22c. PHYSICIAN'S NAME (Type) Dr. Reynald LeeLlacer 23o. BURIAL, CREMATION.

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d. LOCATION (City or Town) Suitland

(County) Md.

REMOVAL (Specify) 24. FUNERAL DIRECTOR

ADDRESS Ritchie Bros. Upper Marlboro, Md. 2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR 5 SIGNATUR

VR A15 (4) 20 M 1/66

burial,

use as the lath priar tak

Š

Health 1

5 detached

MEDICAL

with the State Dept.

has been

Page 4 may be retained by the haspital or attending

TO FUNERAL DIRECTOR: After this certificate

shauld be

director, page should be filed

law requires that the death certificate be executed within 24 haurs after death.

์ ปลิป

e IS RES DENCE

ON A FARM?

F UNDER 24 HRS

PERFORMED? NO.

(State)

(State)

2Sb REGISTRAR'S SIGNATURE

250 RECD BY REGISTRAR

YES NO

VR A15ME (5) 6M 1/66

45 WAShing



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems 7, 11, 12, 13, 14 Film G382 11 17,66 mm

CERTIFICATE OF DEATH

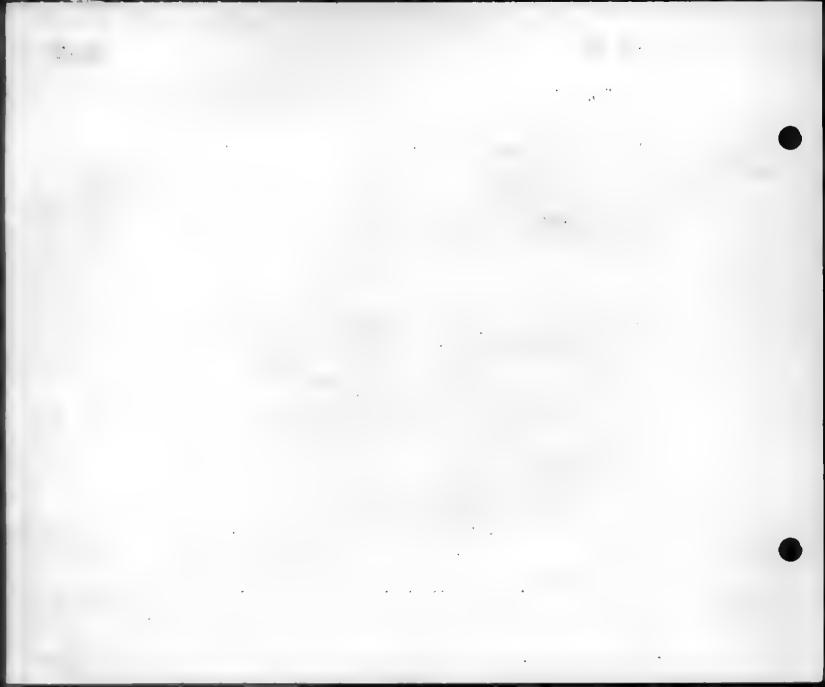
123	Items	(9449	1691	CERTIFICATE	Č
-----	-------	-------	------	-------------	---

16123

161	23	,,	CERTIFIC	CATE	OF DEATH	.,, 00	ALC NO		1612	23
1. PLACE OF DEATH O. COUNTY Prince	e George's	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o STATE Maryland Prince George's					ission)			
b CITY OR TOWN write RURAL or Cheve:	b CITY DR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cheverly Cheverly					tside corparati d Park	e limits, write RJI		neorest fown	<i>'</i>
d NAME OF HOSP	tal or institution (if not in George's Gene	hospitol, give ral Ho	street oddress) spital		d STREET 100 PESS M	St.			ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First Mari	е	Middle		Randall	4 DATE OF DEATH		vember		Year 19 66
S SEX Female		MARRIED [NEVER MARRIED :		B DATE OF BIRTH	9	AGE (In years lost birthdoy) 53 yrs.		YFAR IF UN Doys Hou	
100. USUAL OCCUPATIO during most of working	N (G ve kind of work done g life, even if retired)	10b. KIND INDU	OF BUSINESS OR STRY		11 BIRTHPLACE (County Maryl		egn country)	COU	ZEN OF WHAT NTRY? U.S.A.	
13. FATHER'S NAME Gar	nett Randall		1		14. MOTHER'S MAIDEN N		Wood			
1S. WAS DECFASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOI	CIAL SECURITY NO.	17. 1	NFORMANT		Addr	955		
Conditions, if on rise to immedia storing the und	te couse (a).	H	Ges//e	ed to	Sian	IDITION GIVEN	T A (/C		ONSEL AN	JA.
CR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESCR	RIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in I	Part I ar Part	II of item 18.)			
20c. TIME OF IN. Hour o	JURY Month, Doy, Year .m. 19	20d INJU While of work	Mark Mark The		CE OF INJURY (Home, form ary, street, affice bldg., etc.)		(City or town)	(Coun	ıŧγ)	(Stote)
21. I cert saw the c 220 SIGNATUR	ify that (I) (this haspite deceased alive an Nov	al) attende	d the deceased fr	d tha	ATTENDING	9 66 to 1:43 M DIRECTOR	11/10 fram causes	and an the	that (i e date sta TE SIGNED 10/66) (we) l ted aba
22c. PHYSTCIAN NAME (Typ	e) Henry A. Wi		r., M. D.	1	22d. ADDRESS 149 9th S	St., B	owie, Mo	١.		
236 BURIA ÉRÉMAT REMOVAL (Specif	المتورات أحناها والسار	66	1 1 -0 1	RY OR	ny farh	- de	ATION (City of To	ruci	County)	(State)
24. FUNERAL DIRECT		. 1/5	ADDRESS 4	100		BY REGISTRA		GISTRAR S SIG	SNATURE	de

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysican and completely filled in by the funeral director, page 3 shauld be detached for use as the buriar-transit parmit. Then please remaye carbon papers. Pages 1 and 2, shauld be filled with the State Dept. at Health priar to burial, crematian, ar remayal, and in any jevent, within 72 hours after death. TO MOSTITAL OF ATTINITING FIFYSICIAN: The Two requires that the death certificate be executed within 24 hours after Tenth Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)-20 M 1/66



H arold S. Wade, 550 Wash, Blvd, La urel, Md.

DATE

ON A FARM?

19 66

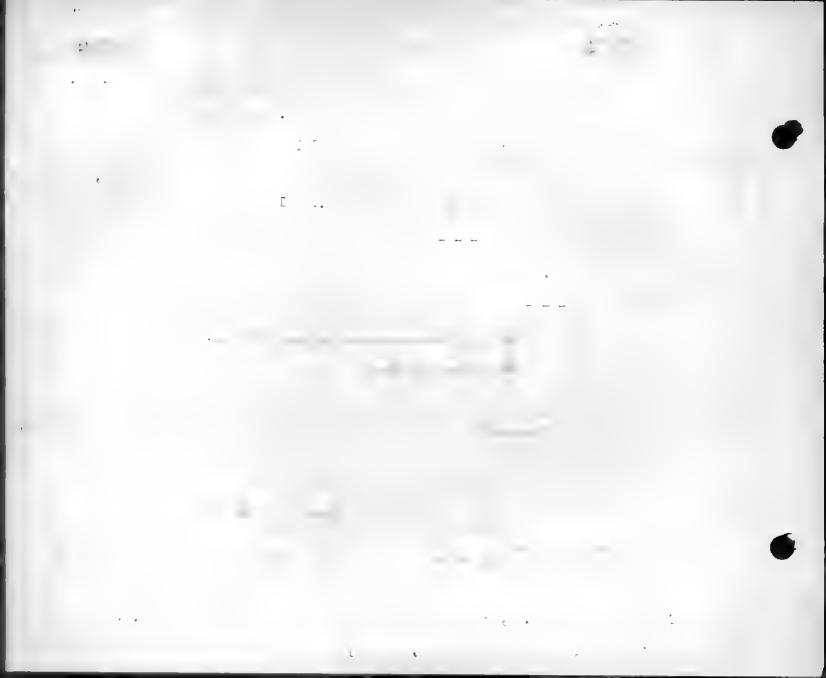
NO X

NO X

(State)

(State)

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16125 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) "Maryland Pr. Geo.

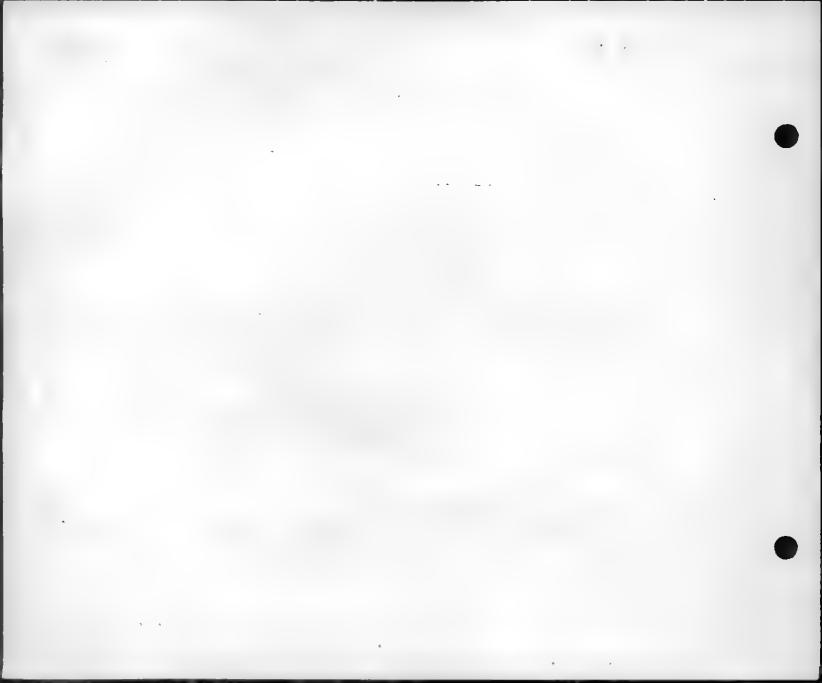
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) a. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 Kentland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon popers. Pages 1 on should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it is not within 72 hours after death Page 4 may be retained by the hospital or attending physicion.

IN HOSPITAL OR ATTENDING PHYLICIAN: The low remures that the death certificate be executed within 24 hours after death

VR A15 (4) 20 M 1/66

1	(& NAME OF HOSP TAE OR INSTITUTION (If not in hi	aspital, give street address)	d STREET ADDRESS		e IS RESIDENCE				
	0	AINT BRANCH NURS	11	7601 -	Forest Road	ON A FARM? YES NO 🔼				
	1	NAME OF First E	BanniereMiddle	Last	4 DATE Month	Day Year				
	Š. S	(Type or pant) / CANNC	AARRIED [] NEVER MARRIED [MOGET	9 AGE (In years I FUNI	DER I YEAR IF UNDER 24 HRS				
		7, 10,	DIVORCED DIVORCED	4/30/1880	last birthday) Manth					
1	10a	JSUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR			COUNTRY 2				
		ing most af warking life, even if retired)	HOROR WH	e Fran		COUNTRY S A				
	13.	FATHER'S NAME	V	14. MOTHER'S MAIDEN I						
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17. INFORMANT	V [1					
	(Ŷe:	WAS DECEASED EVER IN U.S. ARMED FORCES? s. ao. ar unknawn) (If yes give war ar dates af servi	(ce)	77.1 4	. Roger (above	address)				
		IB. CAUSE OF DEATH (Enter only one couse per	hne for (a), (b) and (c))	4	(Son).	INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerenter	al Vascular	accordent	6 May				
		Conditions, if any, which gave) (b)				/				
		rise to immediate cause (a), stating the underlying cause								
		lost. (c)								
,	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO []								
	L CERTIFICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	URRED (Enter nature of injury in	Part I ar Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d INJURY OCCURRED 20 While Nat While at wark at wark	Oe PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.)	m, 20f (City ar tawn)	(Caunty) (State)				
		21. I certify that (1) (this haspital) saw the deceased alive on	attended the deceased fr	am, Ind that death accurred at	19_66, ta, 11_30FM, from causes and a	19 that (1) (we) last in the date stated above.				
		22a. SIGNATURE	ver my	M.D. PHYS.		b DATE SIGNED				
1		22c. PHYSICIAN'S NAME (Type) R. D. Bauer, 9			noblodge Rol le	rolelpla; mos				
	I	BURIA, CREMATION, 23b DATE THEREOF 11/7/66	6 Rock Cre	ock Cometery	23d LOCATION (City or Town) Wash., D.C.	(County) (State)				
	24	FUNERAL DIRECTOR Nalley's Fr			O BY REGISTRAR 256, REGISTRAN	RIS SIGNATURE Judge				
1	_	Home Inc.	Maryland	DATE	Nov 9 Ipos /	<i>y u</i>				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16126 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (if outside corporate LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SPRINGS MARYLAND d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR give street oddress) YES NO 3 NAME OF 4. DATE Middle Last Month Day Уедт DECEASED OF DEATH 19606 (Type or pont) S SEX DATE OF BIRTH AGE (In years IF JNDER 6. COLOR OR RACE MARRIED NEVER MARRIED last birthdoyl Months Days Haurs DIVORCED 12 CIT ZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSENEED HOME MAKER HYATTSTOWN LARYLAND UNITED STATES 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES MURPHY CHIR RIPHIDIO MURPHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor ar dates of service) CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse lost. WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT NO 200 ACCIDENT WAS INDERLYING OF CONTRIBUTING TO CALLE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER. 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE-OF INJURY (Home, form, 20d. JNHURY OCCURRED (City or-town) (County) (State) 21. I certify that (1) (this hespital) attended the deceased from (algorithot death occurred at Mr. from couses and an the date stated above. saw the deceased_plive on 22o. SIGNATUR 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS DIRECTOR 22c PHYSICHANS 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death.

death

event, within 72

and in any

or removal,

edse

signed by the attendings of burial-transit permit. Then burial, cremation, or remava

be detached for use as the State Dept. of Health prior to

attending physician.

Page 4 may be retained by the haspital ar

has been

campletely filled in by the funeral nove carbon papers. Pages 1 and

puo

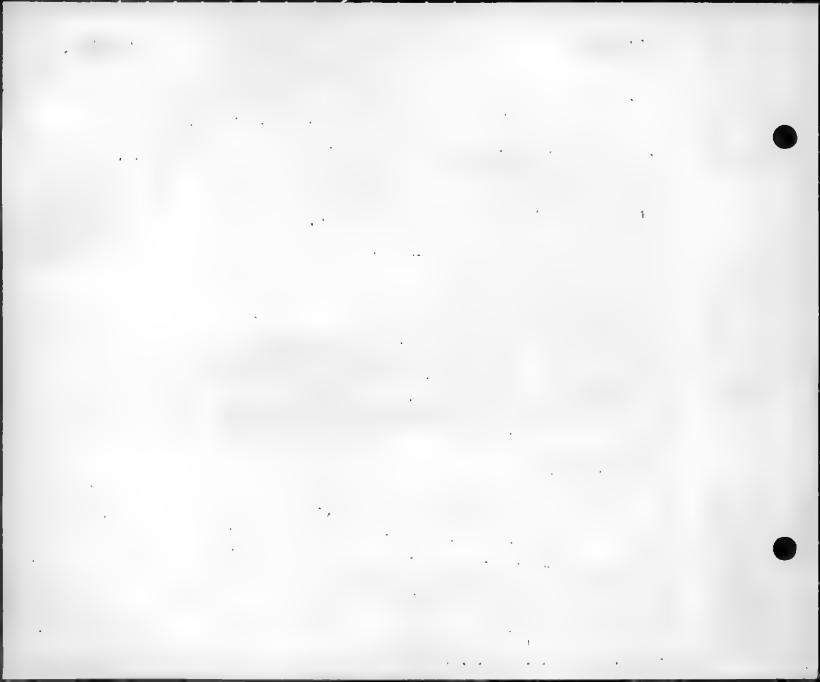
KIGH

director, page 3 shauld shauld be filed with the

2EMETERY 250. REC'D BY REGISTRAR

GRORGES

COLLEGIA



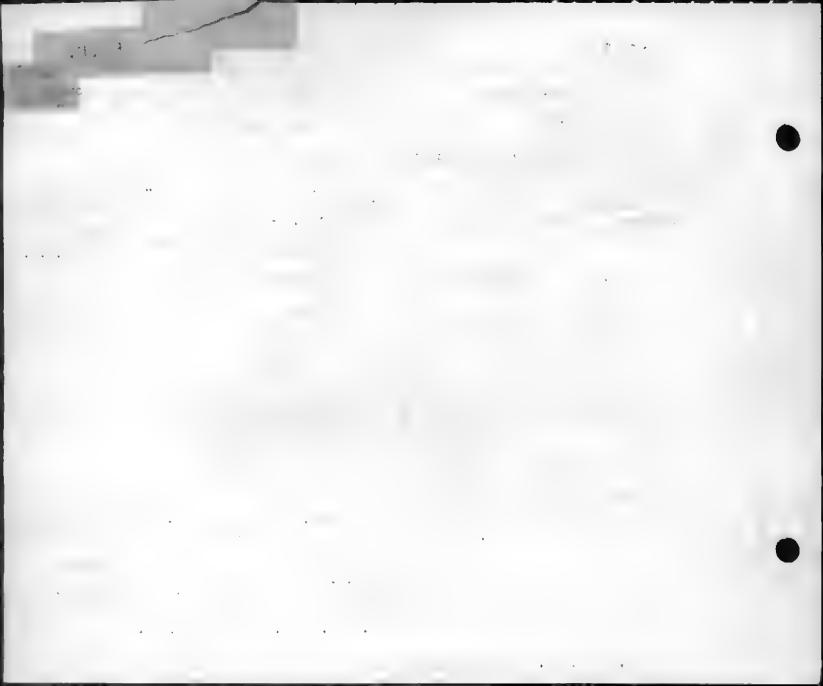
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16127 CERTIFICATE OF DEATH 24 havrs after death ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before a mission deg Prince Georges a COUNTY a. STATE Mary Land Prince Georges MARYLAND by the fi Pages b. CITY OR TOWN (If outside corparate I mits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RJRAL and give nearest town)
Cheverly 1 hr Upper Marlboro d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? campletely filled in Prince Georges General Hospital YES KIK NO RFD 3505 requires that the death certificate be executed within 3 NAME OF carban Middle Lost 4 DATE Month DECEASED (Type or print) Baby Girl (B) Ruth Nov. DEATH 28 1966 9 AGE (n years IF JNDER 1 YEAR IF JNDER 24 HRS. 5. SEX Female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH remove lest birthdoy) Months Haurs Dovs Negro WIDOWED DIVORCED MXXXXXX 28 Nov. - 1966 and 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) léase during most of warking life, even if retired) Prince George's County Maryland COUNTRY? U.S.A. 13. FATHER 5 NAME 14. MOTHER'S MA DEN NAME Marshall Theodore Jackson Geraldine Mildred Ruth 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (if yes give war at dates of service) 16. SOCIAL SECURITY NO 7 INFORMANT Address Mother Above crematian. 1B. CAUSE OF DEATH (Enter only one couse per line for (c) (b) conde(c) INTERVAL BETWEEN signed by the burial-trans# p PART I. DEATH WAS CAUSED BY ONSET AND DEATH JMMEDIATE CAUSE (a) DUE TO Candifions, if any, which gove (b) rise to immediate couse (a) DUE TO tar use as the l f Health prior to b stating the underlying couse has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART IFO WAS AUTOPS) PERFORMED? this certificate 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg , etc.) Haur o.m. Not While ot work 🔲 ot work TO FUNERAL DIRECTOR: After Nov. 28 1966 to Nov. 28 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ be retained should saw the deceased dive an Nov. 28, 1966, and that death accurred at 7,30 PMfram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. DIRECTOR 11/29/66 PHYS be filed M.D. 22d ADDRESS 22c PHYSICIAN S Page 4 may NAME (Type) 6201 Riverdale Rd., Riverdale, Md. Bernardo Alvarado director, should b 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) REMOVAL (Specify) 10756 Prince Geo. Gen. Hosp. Cheverly. 25b. REGISTRAR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 1966

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20 M 1/66

Penn.

Jr. Administrato



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16128

CERTIFICATE OF DEATH

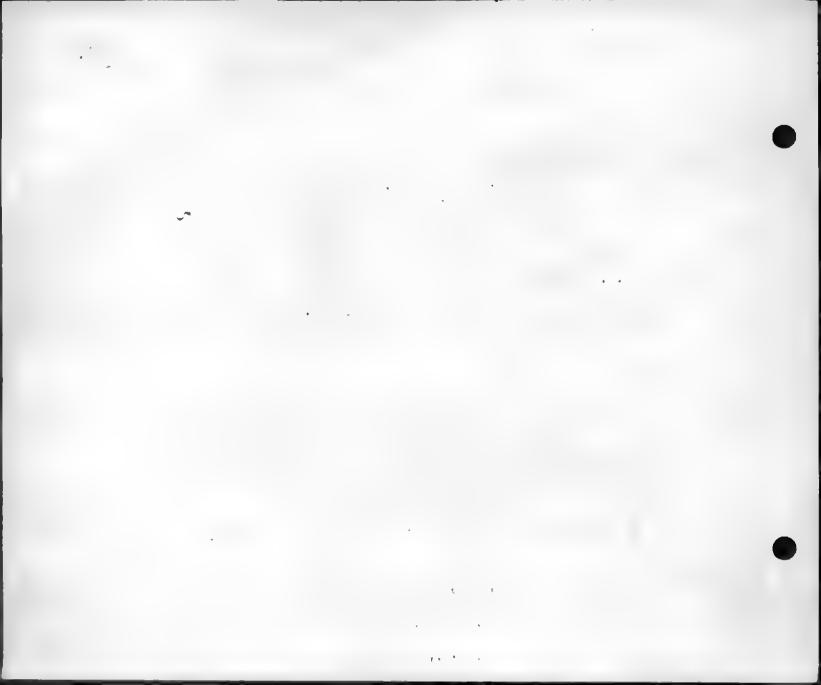
16196

	10101
I PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. COUNTY PRINCE GEORGES MARYLAND	o. STATE MARYLAND 6 COUNTYPRINCE GEORGES
b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)
write RURAL and give neorest town)	LAUREL
d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	d STREET ADDRESS B IS RESIDENCE ON A FARM?
200 FORT MEADE ROAD	200 FORT MEADE ROAD
3 NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) MARLENE M.	RYAN DEATH NOVEMBER 12 19 66
5. SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IFUNDER YEAR IFUNDER 24 HRS.
Female Cauc WIDOWED DIVORCED	6 JAN 1912 54 77 yrs mounts buys mounts
10a USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, arforeign country) 12 CITIZEN OF WHAT COUNTRY?
Housewife None	Haines, Oregon USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
D.W. Thurston	Unknown
15. WAS DECEASED EYER IN S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no, or unknown) (If yes give wor or doles of service)	INFORMANT Address
No. N/A Jo	ohn J.Ryan, 200 Fort Meade Rd, Laurel, Md
18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c))	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CEREBRAL HEMORRHA	AGE ONSET AND DEATH
331X DUE TO	
Conditions, if any, which gove) (b)	
rise to immediate cause (a), (DUE TO	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	AEZ K NO L
200 ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTION [] CAUSE OF DEATH OF CONTRIBUTION [] CAUSE OF CAUSE OF CONTRIBUTION [] CAUSE OF CAU	(Enter nature of injury in Part I or Part II of item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)
Haur o m. 19 While Not While of wark of wark	ctory, street, affice bldg., etc.)
21. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WAS DOA , WX , XX 12 NOV , 19 66 X DOX X NOVEX NO
30XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	at death accurred at9:50_M, fram causes and an the date stated above
22o (SIGNATURE	22b. DATE SIGNED
1 - 2 1 - 2 1 -	AD PHYS DIRECTOR DISTAFF 12 NOV 66
20/ BRANCIAN'S	22d. ADDRESS
WAME (Type) LYNN HOLDER, CPT, MC	KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD
230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City or Town) (County) (State)
BURIAL Specify NOV. 16, 1966 ARLINGTON NA	TIONAL CEMETERY, ARLINGTON, YYRGINIA
24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Harold S. Wade, 550 Wash. Blvd., Laurel, Mar	Wland DAINOV 15 1966 Cuarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages—1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayol, and it only event, within 72 houry after deeth. Page 4 may be retained by the hospital or attending physician.

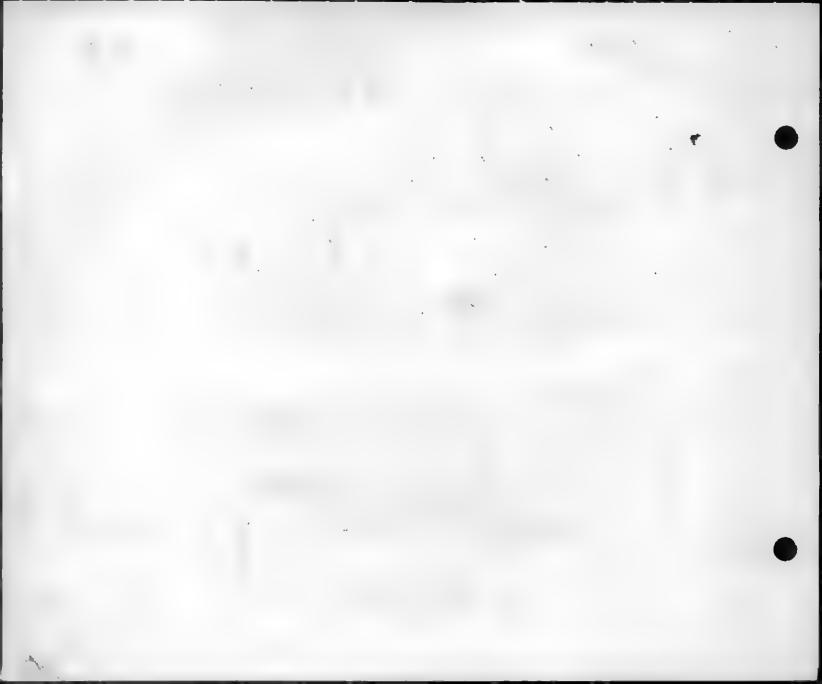
VR A15 (4) 20 M 1/66

00



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 7		16129		CERTIF	ICATE OF	DEATH		16127	
funeral		PLACE OF DEATH	INCE GE	ORGE MARY	EAND 0.5	STATE ///S	1.77 Land	ohar Ohar	les
= a × ± −		b. CITY OR TOWN (If o write BURAL and gi	uts de corporate l'mits, ve nearest town)	C LENGTH OF STAY	N Ib C CITY	OR TOWN (If out	side corporate limits, write	RURAL and give nearest	fown)
24 h ed in pers 72 h	W	_	OR INSTITUTION (If not in h	Vuesine Hol	d STR	EET ADDRESS	3	e Y	IS RESIDENCE ON A FARM? ES NO
apar la auto		NAME OF DECEASED (Type or print)	FRANK	Middle A-	R	YE	OF DEATH	onth Doy	Year 19 6 6 IF UNDER 24 HRS
and camp remove		M	w	MARRIED NEVER MARRIED	- apre		9 AGE (In years ost bythdoy)	Months Doys	Hours Min
ertificate be physician ar nen please r naval, and in	13		sve kind of work done, sven if refired	10b KIND OF BUSINESS OR LINDUSTRY 7 77119	1	/	Stote, or foreign country) 141 0 4 M	COUNTRY?	A.
	15	Joseph	Mye.	16 SOCIAL SECURITY NO.	17. INFORMU	30.tte	1 Post	ddess	
attendi attendi permit. ian, ar ri		es, not or unknown) (If	yes give wor or dates of serv	100 212-14-259	13 De C	bert	6/ 1	in jemoy	RVAL BETWEEN
.0 0			WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	arteure	levas	Jene	egel		AND DEATH
equire physi signe buria buria		Conditions, if ony, winse to immediate costoning the underlying	ouse (o),	Arleus	alcales	heat	deser		
AN: The law ratending of ar aftending rate has been for use as the Health priar ta	NO	lost.) (c)	BUTING TO DEATH BUT NOT REL	ATED TO THE TERM	MINAL DISEASE CONT	DITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED?
⊒ alaaa	CERTIFICATION	200 ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	CAUSE OF DEATH	205 DESCRIBE HOW INJURY OF	((URRED. (Enter no	oture of injury in P	ort I or Part II of item 1B.)	YE	NO D
G PHYS the has r this ce detache te Dept.	MEDICAL	20c. TIME OF INJURY Hour o.m.		20d INJURY OCCURRED While Not While of work		JURY (Home, form, et, office bldg., etc.)	20f (City or town	(County)	(Stote)
TENDING Ined by OR: After Stuld be the Stat		21. 1 certify saw the dece		attended the deceosed	from My ond that death	, 19 n occurred at		es and on the dote	stoted obove.
AL OR ATI y be retain L DIRECTO age 3 sha filed with		220. SIGNATURE	1 Su	lets Tap.	M.D PH	Y5 2	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE	166
e pa Al	700	22c. PHYSICIAN'S NAME (Type)	LEON	LEVITSK	27	7104 -	Ford Foch	Ra Ja	Primer M
TO HOSPI Page 4 m TO FUNER, director, shauld b	L	D. BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23: NAME OF CEMI	PTERY OR CREMATO	26a -REGID	23d LOCATION (City or	Town) (County) Classification RECUSTRARY SIGNATURE	(Store)
VR A15 (4) 20 M 1/66		Hont	Formul	Home Wa	Idoy,	W DATE	2 1 1966 7	marles Ju	ge.



PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY (x200905 MARYLAND 22 b. CITY OR TOWN (if outside corporete lim to c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm is, write RURAL and give neerest town) and write RURAL and give neerast Jown) -d. NAME OF HOSP TAL OR INSTITUT ON (if not in hosp tal, give street address) completely 3. NAME OF Middle DECEASED DEATH (Type or print) AGE (In years (IF UNDER 1 YEAR 7. MARRIED NEVER MARRED est birthday) and DIVORCED W DOWED physician 10e. USUAL OCCUPATION (G.ve king of work done-during most of working life-even if retired) 3 to Va Kleedon 13. FATHER'S NAME please affending Address (Yes, no. or unknwp) (Ifyes a vewar or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). signed by PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert to r Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work nta, Se retain 21. I certify that (I) (this hospital) attended the deceased from .> 1966, and that death occured at 1.30 M, from the causes and on the date stated above. saw the deceased alive on... ATTENDING Y 22a. SIGNATURE MED. STAFF DIRECTOR PHYS. death. Page 4 22d. ADDRÉSS 22c. PHYSICIAN'S ROBERT S. McCENEY, M. D. NAME (Type) 402 MAIN ST. BALLET HERE MARYLAND 30 200 ME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BUR AL, CREMATION REMOVAL (Specify) \$ B 0 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

VIII A15 (4)

(County)

e. IS RESIDENCE

19 40 4

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

(State)

22b. DATE

(Stete)

SIGNED

Months

ON A FARM? YES TO NO T



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16131

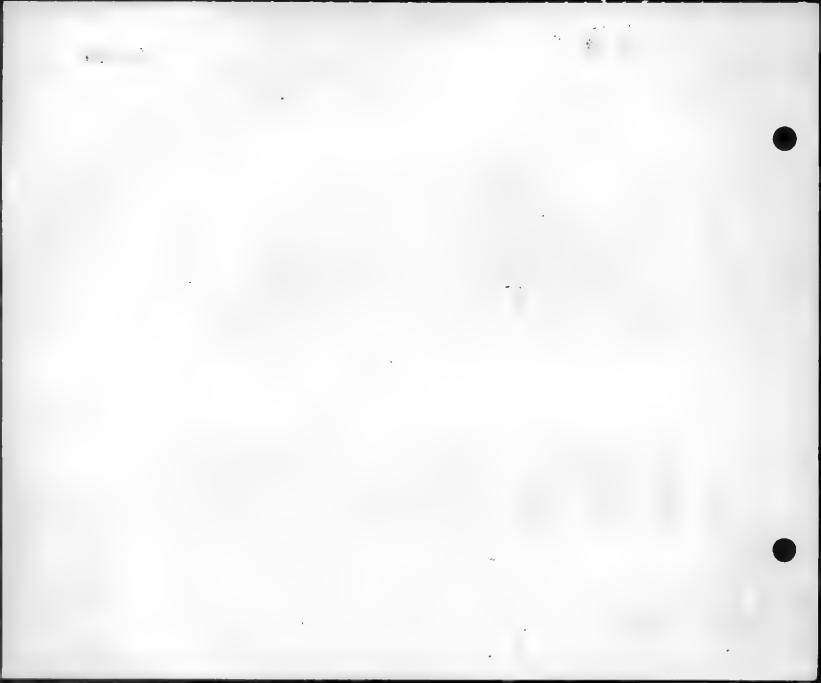
CERTIFICATE OF DEATH

16129

1 PLACE OF DEATH				itution: Residence before admission)
Prince George	MARYLAND	o. STATE Maryla:		OUNTY Pr. George
b CTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If as	itside carparate limits, write	RURAL and give nearest town)
Riverdale	d and death address?	College	Park	T e IS RESIDENCE
d NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street oddress)	d 21KFF UNDKE22		ON A FARM?
Eugene Leland Memorial	Hospital	7204 Ro	ssburg Drive	YES NO X
3 NAME OF First DECEASED	Middle	Last	4. DATE A	lanth Day Year
(Type or print) Martha	Marie	Schaumann	DEATH	25, 19 66
S. SEX 6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Female White WIDOW	ED DIVORCED	4-20-83	83 Y	Mousts poly worth with
10a USUAL OCCUPATION (Give kind of work dane 10t during mast of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY B. T. HOME	11 BIRTHPLACE (county	& State, ar foreign ca 1try)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AU HOME	14. MOTHER'S MAIDEN	nany NAME	
		Augusta		r
erdinand Sentko IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		ddress
(Yes, no, or unknown) (It yes give war or dates at service)	10. SOCIAL SECURITI NO. 17.			dates:
no no		Hospital	Records	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	for (o), (b), and (c))	ESTIVE 1	YOART FA	ILURE INTERVAL BETWEEN ONSET AND DEATH ONE S
4 DUE TO	0.	60-	2001 001	the series of
Conditions, if any, which gave (b)	GEN.	ARICKI	SCLEROSIS	ONKNOWN
rise to immediate cause (a), Stating the underlying couse				
last (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of stem 18	
20c. TIME OF INJURY Month, Doy, Year W		CE OF INJURY (Home, farrary, street, affice bldg., etc.) (County) (State)
21. I certify that (I) (this hospital) at		11 - 13 .	1966 to 11 · 2	5 , 1966, that (I) (we) last
sow the deceased alive on	25 19 (/ ond tho	t death occurred at	# P M, from cous	es and on the date stated above.
22a. SIGNATURE		ATTENDING D. PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c PHYSICIAN'S NAME (Type) C J Hallman		22d. ADDRESS 4408.61	leensbury r	d miverdale Md
23g BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of	Town) (County) (State)
Cremation 11.26.66	Lee's Crem	atory	Washingt	
	ADDRESS	Loc best	D DV DECISTO ID OCL	REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR	300 4 5T		NOV 28 196	

10 HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit—then please remave carban papers. Pages 1 and should be filled with the State Dept of Health priar to burial, crematial, they have, and in any event, within 72 hours offeed attended. Page 4 may be retained by the haspital ar attending physician.

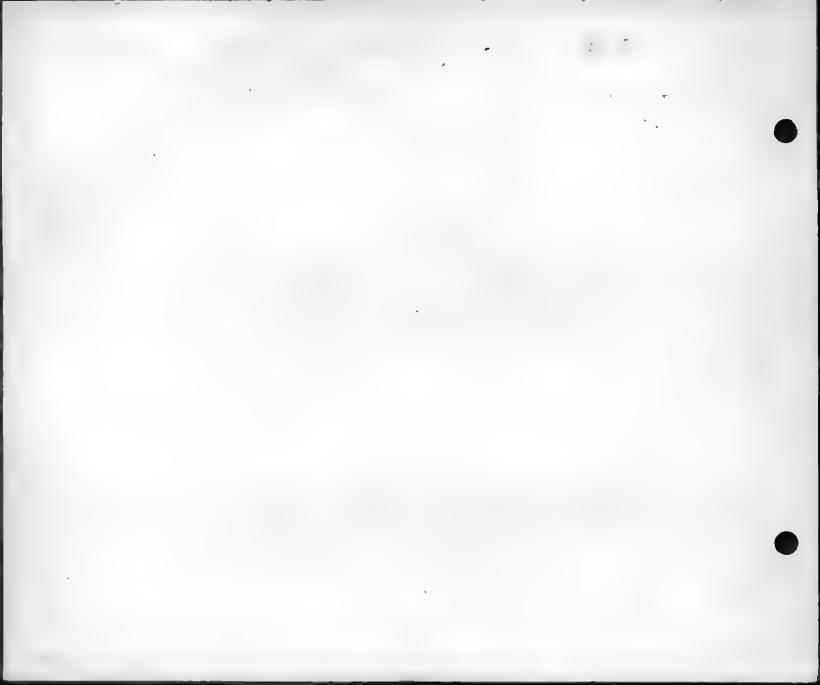
VR A15 (4) 20 M 1/66



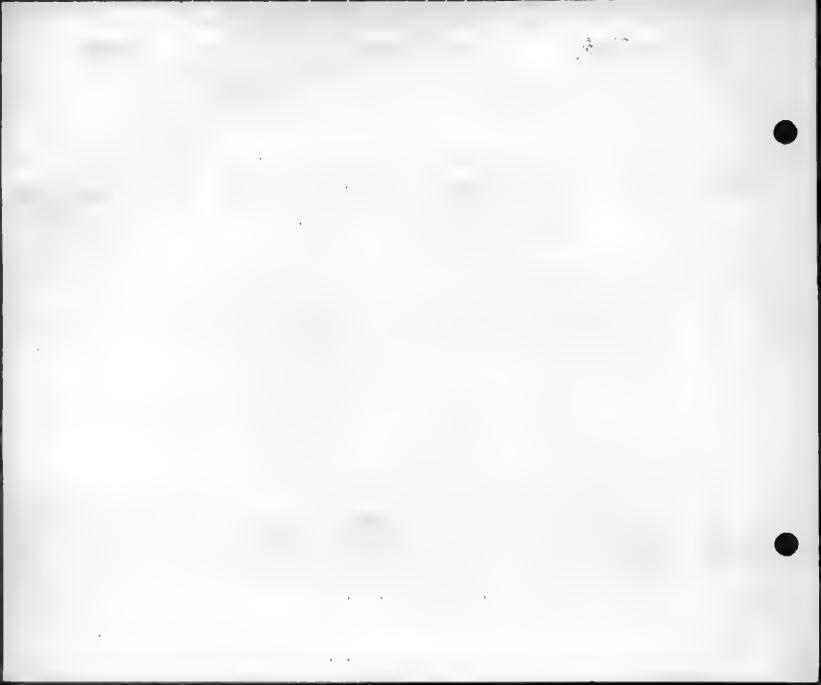
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16132 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission o. COUNTY o STATE Prince George offer death P.M.3 Poge Prince Department of George MARYLAND b CHY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)

Cheverly C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) S RES DENCE ON A FARM? d. STREET ADDRESS a.ong with form within 72 hours Prince George General Hospital 6612 Radford Rd. ate YES NO X nours after death 3 NAME OF 4 DATE Lost Š Yeor DECEASED ٩D Settle Rachard 66 (Type or print) James DEATH £ S SEX 9. AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B DATE OF BRITH NEVER MARRIED lost birthdoy) Doys WIDOWED DIVORCED 1 Sept 1966 Office a c×. event gud 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore gn_country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 5 Examiner's pencil MOTHER'S MAIDEN NAME be executed with 16 SOCIAL SECURITY NO WAS DECEASED EVER NUS ARMED FORCES? word "pending" I the Chief Medical (Yes no, or unknown) (If yes give wor or dotes of service) cremotion, or removal INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY. Pneumonitis (Sudden Death in Infancy IMMEDIATE CAUSE (o) This cert ficate shauld icate, writing the word be forworded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 lost. burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? its designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18) 3 should PRIMARY Cor CONTRIBUTING C 4 should CAUSE OF DEATH. 2Dd #N.JRY OCCURRED 20e PLACE OF INJURY (Home form. (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg . etc.) While of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry 1and in my apinian the funeral director. Undetermined manner death resulted from: Natural-causes Suicide | Homicide | be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM.NER SIGNATURE 11-6-66 O DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** John Kehoe, M.D., Riverdale NAME (Type) Address (Street, city town, or county) BURIAL CREMATION MAME OF CEMETERY OR TERMATORY 23d LOCATION (City or Town) (County) CEDONIA 25b. REG STRAR S SIGNATURE 250 REC'D BY REGISTRAR

VR A15ME (5)

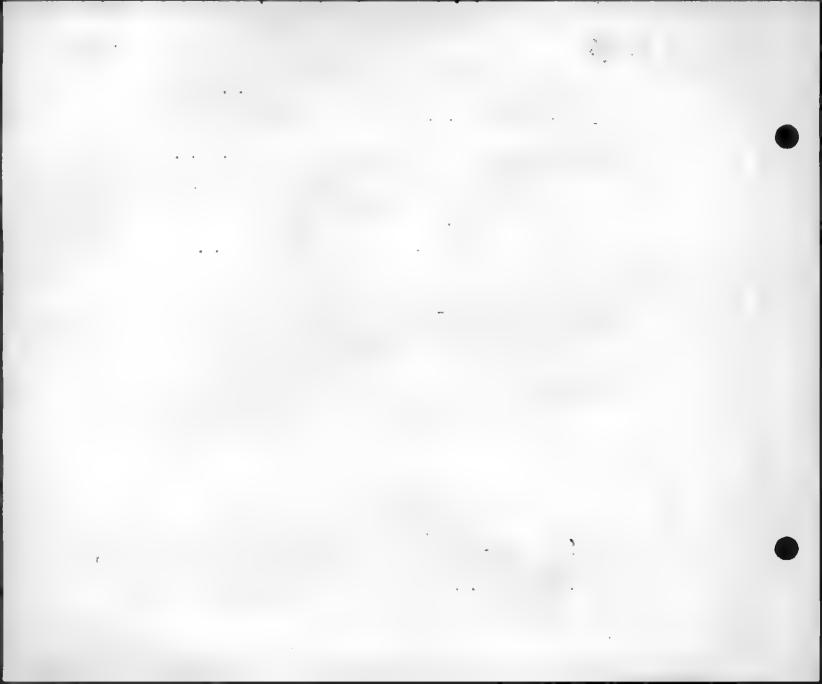


1	1 6	1	\	Division of STATISTIC		AND RECORDS, 30				ORE, MARYLA	ND 21201	
FOR S	TATE	VI))	16133	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATI	4 j	16131	
EALTH	DEPT) .		LACE OF DEATH COUNTY			TATE o	,		d lived, if institution		re odmission)
3 to Page	100	2'		Prince George !s	. (5)	MARYLAND IGTH OF STAY IN 1b		trict				
сту deloy , 2, and 3 , PM3. Pa	rtme er de		-	write RURAL and give nearest town)	I LEN		II.			limits, write RJRA	Lona give neore	st town)
2, c	part	-		Cheverly NAME OF HOSPITAL OR INSTITUTION (If not i		DOA	d STREET AL	hingto	n			A C DESIDENCE
	ote Department hours offer deat											e IS RESIDENCE ON A FARM?
	ote De	٠,		Prince George Genera	LI Hospita					t, S.E.		YES NO
hours offer deoth. Item 18. Give Poge: Office olong with fo	the St			ECEASED		Midd e	Lost		4 DATE OF	Month	Do	
otfer of Give	with the	-	5. 5	Type or print) Lana EX 6 COLOR OR RACE 12	Lane		Settles 8 DATE OF BIT		DEATH	AGE (In years		.2 19 66 TIF UNDER 24 HR
5 00 5	with		_			NEVER MARRIED 🔀			, ,		Months Days	Hours Mir
10 J	ond 2 event	H		emale Negro JSUAL OCCUPATION (Give kind of work done	WIDOWED 10b. KIND OF B		8 Oct.	L966 LACE (State of		ÀLZ	1 12 CTIZEN O	F -4/5-A*
			durii	ng most of working life, even if retired)	INDUSTRY	SUS MESS OK	II BIKIMM	THE (MOTE OF	r foreign cou	ntry)	COUNTRY	
	n ony		13.	FATHER S NAME			14. MOTHER	S MAIDEN NA	AME .			
within pencil	0 0			Leroy Sett	les		Gle	enda F	Ross			
			15	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of s	16 SOCIAL S	SECURITY NO 17	INFORMANT			Address		
ng" dica	irmi		[16:	, no, or unknown) (in yes give wor or dores or s	ervice)							
nound be executed word "pending" in the Chief Medical E	buriol-transit permit. motion, or removol,			18. CAUSE OF DEATH (Enter only one couse	per one for (o), (b),	ond (c).)						ERVAL BETWEEN
	ansi		1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Bilatera	l subdural	hemato	oma			under Z	8 hrs.
snould word the Cl	ol-tr			1364 DUE TO	1							
e sno the st to th	o buriol-tr			Conditions, if ony, which gove (b))							
veritheore writing th rwarded to	41.0			stoting the underlying couse DUE TO							1	
itine grade	d os iol, c		-	los1.) (c)							110	WAS INTORON
2 a 2	used o	,	MEDICAL CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATE	H BUT NOT RELATED TO	THE TERMINAL D	D SEASE COND	ITION G VEN	IN PART 1(o)		WAS AUTOPSY PERFORMED? 'ES NO [
icote, be fo	d be or to		2	20a. EXTERNAL CAUSE WAS PRIMARY™ or CONTRIBUTING	20b DESCRIBE H	IOW INJURY OCCURRED	(Enter noture o	of intury in Po	ert I or Port I	of item 18)		EL I
e certifi should	iles. should it, prior		ا ت ق	CAUSE OF DEATH.	unknou	יתי						
S e	4- (C)		DICA	20c T ME OF INJURY Month, Doy, Year Hour a.m.	20d INJURY OF	CCURRED 20e. PLA	CE OF INJURY (Home, form,	20f	(City or town)	(County)	(State)
EXAMINER: cute the cert age 4 should	age og	11/	ğ	unknown unknown'9	of work 🔲 (ot work 🗀 unk	tory, street, office		unk	nown		
execute the pr. Page 4 st	ained far y IRECTOR: Po designated	V		21. I certify that I taak charge of		tescribed abave, ne	e d an Autop	osy 🔀 ,	Inspectiai	n 🔯, Inquir	y 🔀 , and	in my apini
e ex	CTO CTO			death resulted from: Natural	causes 🔲 A	ccident 🔲, Suic	cide 🔲, 🗆 I	Homicide [, Unc	determined mor	ner 🖾	
pleose direct	JRE des		1	ACTUAL	14.	1		EF MEDICAL EX	_			22. DATE SIGNE
	At L			SIGNATURE TO MAN	/ 1	/		ISTANT MED (EZ. DATE SIONE
ssory, printeral	may be retained far your FUNERAL DIRECTOR: Page taith or its designated age			EXAMINER'S NAME (Type) John Kehoe, 11.	D. Biv	erdale, Md.		'UTY MEDICAL dress (Street, c		_	7.7	-14-66
necessory, the funera	5 may O FUN Health	1	230	BURIAL, CREMATION, / 23b DATE THERE	OF 23c	NAME OF CEMETERY OR	CREMATORY	1		ITION (City or Town		
5 5 €	25 ±			REMOVAL (Specify) 11/16,		rmony Memo		ark	760	, ,	, ,	, ,
	1		24	FUNERAL DIRECTOR		ADDRESS		250 REC'D E	BY REGISTRA	R 256 REGI	T DA STRAR'S SIGNATU	RE
VR	A15ME (5)	M	H	offman Funeral Hom	e 909-6	-Street N.	. W	DATE N	UV 17	1966	Marila	y Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16134 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death by the funeral Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Prince Georges D.C. MARYLAND b. CITY OR TOWN (If outside carparate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glean Dale (rural) naurs 9 mes 19 days Washington IS RESIDENCE ON A FARM? campletely filled in papers d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADDRESS event, within 72 Glenn Dale Hospital 4929 4th St., N.W. NO X carban 3. NAME OF Eirst Middle Last 4. DATE Manth Day Year DECEASED Robert L Shaw DEATH November 10 19 66 (Type or print) AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED геглауе hirthday) Months Doys Hours 7/17/1923 gny male DIVORCED Megro and 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Ξ during most of working life, even if retired) INDLSTRY COUNTRY? physician rem pleas Holly Hill, S.C. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME permit. Them priving physical permit. Andy Shaw Mittie Asbury IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 250-22-8238 decedent crematian, signed by the a burial-transit per burial, crematian INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SUCCES AND DEATH PART .. DEATH WAS CAUSED BY Pulmonary hemmorrhage IMMEDIATE CAUSE (a). physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the hos been lost. () Pulmonary tuberculosis, far advanced 10 years WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p CERTIFICATION NO 10 FUNERAL DIRECTOR: After this certificate 흐 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [Dept. of I OR CONTRIBUTING COLORS OF DEATH be detached in State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. While Not While factory, street, office bida, etc.) at wark at work 1/21/ 19 66 ta 11/10/1966, that (% (we) last 21. I certify that (15 (this haspital) attended the deceased fram. shauld with the 11/10/19 66, and that death accurred at 7:30 M from causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE 226 DATE SIGNED 11/10/66 3 DIRECTOR director, page 3 should be filed v M.D 22d. ADDRESS Glenn Dale Hospital 22c PHYSICIAN S Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230/ BURJAL CREMATION. (County) 23b THEREO REMOVAL (Specify) 19 SHERIFF ROD 61-3 25b. REGISTRAR S SIGNATURI 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16135

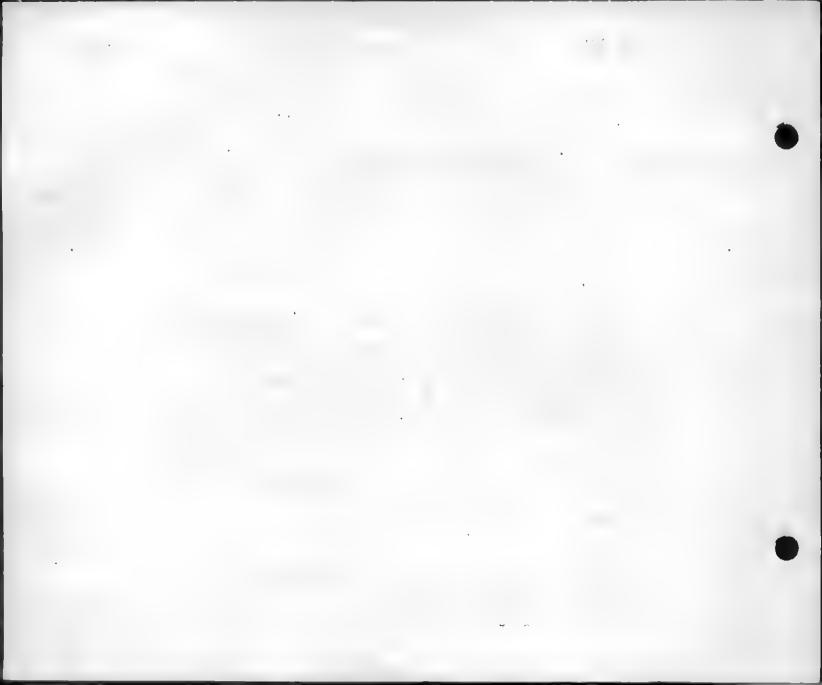
CERTIFICATE OF DEATH

16133

L				0100
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where dec	I administrativo	,
	PRINCE GEC, CULTY MARYLAND	d. STATE Maryland	P. COUNTY 12	rince George
H	b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carp	arate limits, write RURAL an	d give nearest tawn)
	write RURAL and give nearest town)	Suitland		15.1
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
_	Regard Nog it Rehabilital in Treatment Lenter			YES NO E
3	NAME OF DECEASED (Type or print) Ruby Ruby Ruby Ruby	SHAW OF DEAT	1 - [4	Day Year 20 1966
ς		B DATE OF BIRTH	711	NOER 1 YEAR THE UNDER 24 HRS
10	Female white WIDOWED DIVORCED	7/22/1848	lost birthday) Mon	ths Doys Hours Min
li d	Do JSJAL OCCUPATION (G ve kind of wark done uring most of warking life, even if settred) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or Virginia	r foreign country)	12 CITIZEN OF WHAT
1	ACCUSE (C)	14. MOTHER'S MAIDEN NAME		
1				
_	Reuben R. Ford	Sally Dick Dy		
(THE BELLINES THE SECOND	NFORMANT ward J. Shaw 2	Address 2702 Valley D	r Alex Va
-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	whensa		Wilson Miles Provide
	///X DUE TO			
	Conditions, if any, which gave rise to immediate cause (a),	unepleritie		
	stating the underlying cause DUE TO	1 1		
	last. (c) Koncer of Ur	wy		
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
IL AT	205. DESCRIBE HOW INJURY OCCURRED.	/fates active of very in Best 1 as 1	Part II of Stars 10 \	I ID [] NO [
CEDTREICAT ON		fermen manage of milary in Part 1 at 1	rait it of hell 16.)	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form, 20f ory, street, affice bldg , etc.)	(City or town)	(County) (Stote)
M	p.m. 17 at work 🗀 at work		- / 4	
	21. I certify that (I) (this haspital) attended the deceased from	4-24-66,19		1966, that (I) (we) la
	saw the deceased alive an 11-20 19 lule, and tha	t death accurred at 😂 p		
	220 SIGNATURE De la Company M.	D. ATTENDING MED DIRECTOR	STAFF -	2b. DATE SIGNED 69
	22t. PHYSICIAN S NAME (Type)	Lours I Man	ned Contra	, Dit, Hys, h
2	30 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d	LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) 11-22-56 Cedar Hill C	emetery S	itland	PG Marylan
	24 FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REG!		AR S SIGNATURE_
	Wilhelm Funeral Home 4308 Suitland Rd S			raples Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Seath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician-and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, Jamove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health priar ta burial, crematian, ar remaval, and many event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16136 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after fleat requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY Charles a. COUNTY Prince Georges Maryland ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate amits, write RURAL and give nearest town) write RURAL and give nearest town Cheverly 4 days Waldorf d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital Rt. 1 Box 309 K YES NO 3 NAME OF DATE Last Month DECEASED OF C Shepherd John Nov., 66 (Type or print) DEATH 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove 43 yrs. White Male WIDOWED 22 Sept., 1923 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) CIT ZEN OF WHAT during most of working rife, even if retired) Fed Gov t COUNTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert H. Shepherd Sarah E. Combs cremation, or remo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Greenwood Pl (Yes, no, ar unknown) (If yes give war or dates of service) 577-26-7052 Elizabeth Shepherd Indian Head, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p burial, cremation PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive Heart Failure IMMEDIATE CAUSE (o) by the hospital or attending physician. **DUE TO** Myocardial Infarction Conditions, if ony, which gave nse ta immediate cause (a), DUE TO stating the underlying cause this certificate has been detached for use as the re Dept. of Health prior to Coronary arteriosclerotic Heart Disease last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION TO FUNERAL DIRECTOR: After this certificate YEST MO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING ELICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) factory, street, office bldg , etc.) at wark at wark 21 I certify that (I) (this haspital) attended the deceased from 19 64, 10. _, 1960, that (I) (we) lost should be retoined 19 66, and that death occurred al. 30P M, from causes and on the date stated above saw the deceased olive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR 11/28/66 22 PHYSICIAN'S 22d. ADDRESS Poge 4 may NAME(Type) Robert B. Sasscer, M.D. R.F.D. Box 2150, Upper Marlboro, Md. 23a BUR AL EREMATION 23c NAME OF CEMETERY OR CREMATORY 23b, DATE THEREOF 23d LOCATION (City or Town) (Stote) Rurla I 12-1-1966 Arlington Nat'l Cem Fort Myer, Va 24_ EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley



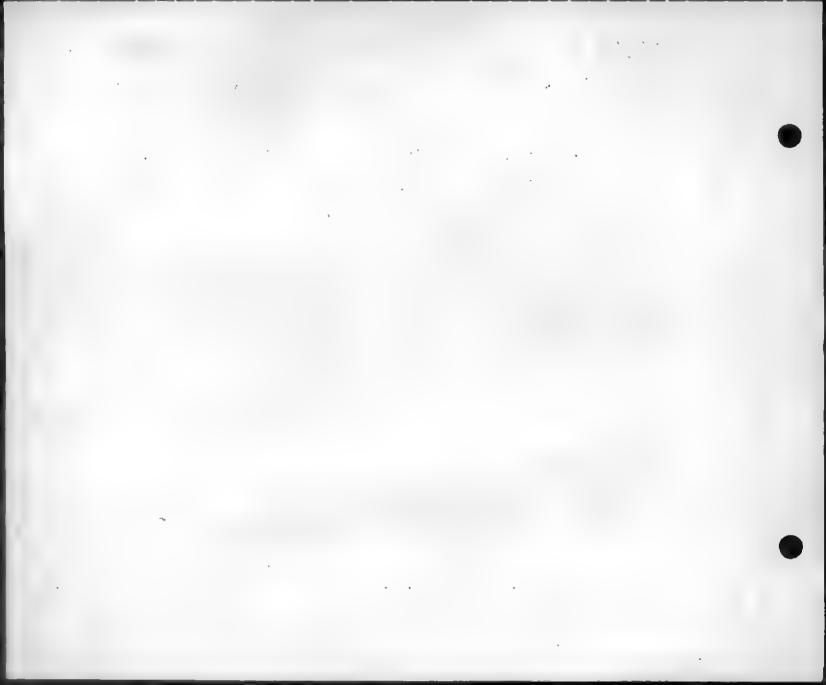
Division of STATISTICAL RESEARCH AND DESCRIPTION OF DEATH 16135

16137

	PLACE OF DEATH	······································		2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidence befare admission)
	a. COUNTY P	rince George's	MARYLAND		land b COUNTY P	rince George's
\vdash	b CITY OR TOWN (If autside corporate limits,	C LENGTH OF STAY IN 16	CCITY OR TOWN (If a	utside carparate limits, write RURAL and	
	write RURAL and	i give nearest tawn)		1		11 1
L	Chever		1 day	d STREET AODRESS	nston	e IS RESIDENCE
		AL OR INSTITUTION (If not in hospit	,	0 SIKKET ACUKESS		ON A FARM?
	Prince	George's Genera	al Hospital	5117	Crittenden St.	YES NO 15
3	NAME OF DECEASED	First	Middle	Lost	4 DATE Manth	Ooy Year
	(Type or pont)	William	E.	Shipley	DEATH November	2 1966
5	SEX	6 COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
	Male	/ White WIDOW	ED DIVORCED	3/1/92	last birthday) Man	ths Doys Hours Min
100	USUAL OCCUPATION	(Give kind of work done 101	KIND OF BUSINESS OR			2 CIT ZEN OF WHAT
dur	Retired	life, even if retired)	S Government	Howard		COUNTRY A
	FATHER S NAME		0 4010111110110	14. MOTHER'S MAIDEN		
24	Invited 2 mante	Edward Shipley	7		mma Moringstar	
10	ANAC DECEASED FOR					
(A	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates at service)		. INFORMANT Elizabeth ⁹ h:	ipley Edmonst	on Md
	yes	W W 1		Elizabeth h	ipley Educate	on, Mu.
	1B. CAUSE OF DI	ATH (Enter only one couse per line	for (o), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	remia			ONSET AND DEATH
	177X	DUE TO	_	60	1 /	17.
	Conditions, if any	, which gave) (b) (a	helvoma c	sf Pros	ta { -	6 month
	rise to immediat	e cause (o), (Due to				
	stating the unde	Trying couse (c)				
		GNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
200	Truth it dittait by	Committee Commit	10 10 021111	o the feministra program of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
3	20 - ACCIDENTINA	T not	December House strategy decembers	N (Fatas and an af antina an	Death a Death at the 183	YES NO 🔀
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING	☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	A feuter ugante of tolinth tu	ran I ar Pan II of Item 18.)	
		MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJU		A. I M M	LACE OF INJURY (Hame, fair actary, street, office bldg , etc.		(County) (Stote)
Ē	p.r	n. 19 at	work of work	derury, shoot, office blog, ore.	"	
	21. I certi	fy that (1) (this haspital) at	tended the deceased fram	7M.	19 6 6, ta NOV.	196 , that (1) (we) las
	saw the d	eceased alive and NOU	19 <u>66</u> , and th	nat death accurred at	12:00 M fram causes and	an the date stated above
	229. SIGNATURE	0 1/1-		ATTENDING		b. DATE SIGNED
_	Homes	-n Thutch	ues.	M.D PHYS.	MED. DIRECTOR PHYS.	2.66
_	22c. PHYSICIAN'S			22d ADDRESS		
	NAME (Type	Thomas M. Hut	chins, M. D.	7315 La	ndover Road, Land	lover, Md.
23,	a. BUR AL, CREMATIC	DN. 23b. DATE THEREOF	23c, NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Tawn)	(Caunty) (State)
201	REMOVAL (Specify				Colmar Manor,	
2/	4. FUNERAL DIRECTO		ADDRESS			IR'S SIGNATURE
2.		in's Some +	A TTOURS			Charles Julas
	/ W/D.C. C	n G /AINC	115 mm G-117 1 mm 1 h	[\ ∡ \ DATE	JAMA (1000)/ L	- Carry Day VALAR

d **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Then please remerce carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burnal, crematian, ar remayal, and in any every within 72 haurs after death-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Meatle certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) ~ 20 M 1/66 %



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

c LENGTH OF STAY IN 16

DOA

24 hours after death

This certificate should be executed within

MEDICAL IXAMINER:

16138

Prince George

b CITY OR TOWN (if outside corporate limits,

write RURAL and give nearest town)

Cheverly

PLACE OF DEATH

o. COUNTY

P.M.3. Page deloy is and 3 ta Department af death. pillo after hours (in Item 18 Give Pogm# 1, Office along with form land 2 event ecute the certificate, writing the ward "pending" in pencil in Page 4 whmuld be forwarded to the Chtef Medical Emarriner's podes ⊆ File permit removal burial-transit ō cremation, 0 ds to burial, used necessory, please execute the certificate, þe 3 should for your the funeral directar

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) State [72 hour Prince George General Hospital 9027 Volta 3 NAME OF Middle Last DATE Month DECEASED OF DEATH within (Type or print) Charles Edward Smith S. SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 52ost birthday) 22 April 1914 WIDOWED DIVORCED Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF BIRTHPLACE (Stote or foreign country) during most of working life even if retired) ony 13 FATHERS NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dofes of service -26-2 WW2 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Pulmonary failure f IMMEDIATE CAUSE (o) Sarcoidosi DUE TO Conditions, if any, which gave Heart failure and rise to immediate couse (a). DUE TO stoting the underlying couse () Cor pulmonale PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (E Health or its designated agent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE Hour o.m. foctor While Not While FUNERAL DIRECTOR: Page 19 of work ot work 21. I certify that I took charge of the remains described above, held death resulted from: Natural causes Suicid moy be retoined ACTUAL SIGNATURE John Kehoe, M.D., Riverdale **EXAMINER'S** NAME (Type) 230 (BURIAD CREMATION. NAME OF CEMETERY OR C 23b DATE THEREOF ~ O REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

Dov

YEAR

12. CITIZEN OF WHAT

IS RESIDENCE

ON A FARM?

YES NO S

Hours

INTERVAL BETWEEN

îr.	ONSET AND DEATH
is of lungs	over 5 yrs
fr.	
	Months.
IE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	YES X NO
nter noture of injury in Port I or Port II of item 18.)	
OF INJURY (Hame, form, y, street, office bldg , etc.) (City or town) (Cou	nty) (Stote)
an Autapsy 🔞, Inspection 🗷, Inquiry 🖈	and in my apinion
le 🔝 Homicide 🔲 Undetermined manner 🗍	, ,
CHIEF MEDICAL EXAMINER	
M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	1-6-66
Address (Street, city, town, or county)	
REMATORY 23d LOCATION (City or Town)	County) (Stote)
lat arlingition Ve	ω .
250 DEC D BY DEGISTRAD VOSS DECISTRAD'S CH	GNATURE
Our 14 DATE NOV 14 1966 golon	les Judge
-	0.0

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Lanham

d. STREET ADDRESS

b COUNTY

Prince George

IF UNDER



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	Time to	3	9	

CEDTIFICATE OF DEATH

	10103	,		CERTIFIC	.AIL	OF DEATH			1015	5 /	
	PLACE OF DEATH					2 USUAL RESIDENCE (Where de			e before admission	n)
	o County ince	Georges		MARYEA	ND	d. SIATE Marylan	nd	P coffi	rince	Georges	
	DETY OR TOWN (If autside carparate limit	5,	c. LENGTH OF STAY IN 1	b	c CITY OR TOWN (If or	itside corp	arate i mits, write RUI	RAL and give	nearest town)	
	Riverda.	give nearest town)		llı days		Laurel					
		AL OR INSTITUTION (If no				d STREET ADDRESS				e IS RESID ON A FA	ENCE
	Eugene :	Leland Memo	rial Ho	ospital		913 Par					NO 🔀
	NAME OF	F ₁	rst	Middle		⊾ost .	4. DAT	E Mont	h	Day Yeo	
	DECEMSED (Type or print)	Cha	rles	Norman		Smith	DEA			21, 19	
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDER Days Hours	-
3	Male	white	WIDOWED	DIVORCED		11-5-16		Jost birthday)			Min.
	USUAL OCCUPATION	(G ve kind at work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& State, a	r fareign country)		IZEN OF WHAT	
		,	115	construc	ctic					U. S	. A.
13.	FATHER S NAME					14 MOTHER'S MAIDEN					
		O. Smith				Eva Car	er				
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess.		
			, , , , ,			Spouse/Med	lica.	L Record			
	Conditions, if any rise to immediat stoting the under	, which gave to cause (o), erause (o), erlying couse	TO (b)TO (c)	of larynx v						19 WAS AUTO	
ATION	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	0 10 1	HE FERMINAL DISEASE COL	MOIIION	IVEN IN PART !(0)		PERFORME	ED?
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	IRRED.	Enter nature of injury in	Port I or	Part II of item 18.)			
MEDICA	20c. TIME OF INJ Hour a.r p.r	10	20d. IN While at wark	Nat While		E OF INJURY (Hame, farn ary, street, office bldg., etc.		f. (City or tawn)	(Cou	,	Stote)
		fy that (1) (this has eceased alive on	pital) atten	ded the deceased fro	om	, 1 death accurred at	9 2:25	, to	, 19	, that (I) (v	we) lost
	22a. SIGNATURE	eceased dive on_	,	17	u mai	death accorded at		≥m, nom cooses		TE SIGNED	ODOVE.
	/	R. CH	our	ran /	M.E	D. PHYS.	MED. DIRECTO	STAFF PHYS.]	11-21-6	6
	22c. PHYSICIANS NAME (Type	- 0	man, M.	. D.		22d. ADDRESS 4404 Quee	ensbi	ry Road,	River	dale, Md	. 6
V	BURIAL, CREMATION REMOVAL (Specify	11/25	11,,	232 NAME OF CEMETER		CREMATORY L Cem 1 25g, RECT	S	LOCATION (City or To	wn) Ele GISTRAR'S SI	Min	tote)
24	FUNERAL DIRECTO	no hillis !	11	Michel III	1.		NOV	// //		GNATURE	

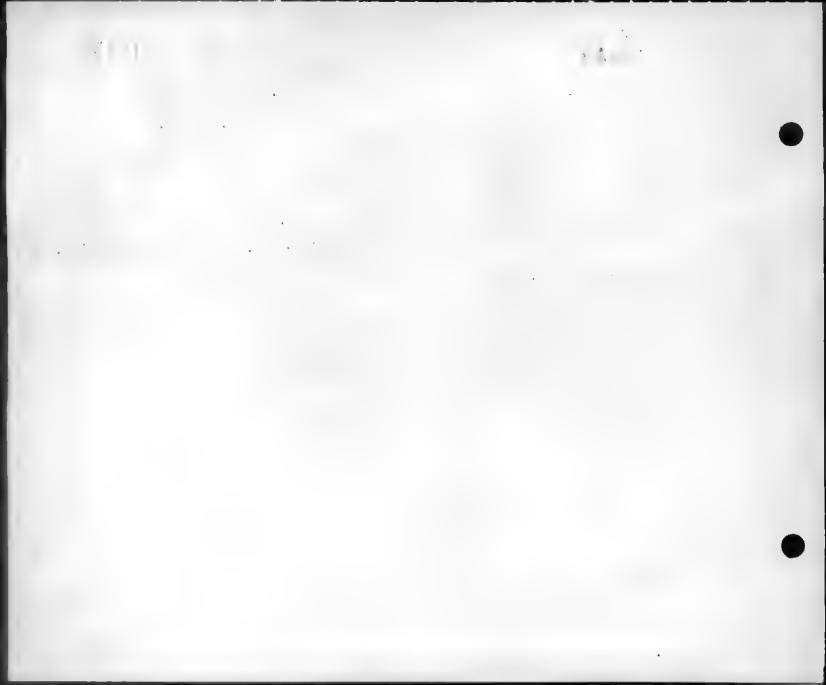
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please, remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, ar remay ill any event, within 72 hours after deapt. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH
16138

FUR STATE		16140 medical exam	HINTER OF PENTIL
EALTH DEPA	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)
3 ta 3 ta 6 min of 15		o COUNTY Prince George	MARYLAND Md. Prince George
ded ded		b CITY OR TOWN (If putside corporate limits c IENGTH OF STA	
2, and PM3. I partme		write RURAL and give nearest town) Cheverly DOA	Upper Marlboro, Md.
epo epo e		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e IS RESIDENCE
ges 1, 2, and 3 form PM3. Pa ote Department hours after deal		Prince George General Hospital	New Marlboro Hotel ON A FARM? YES NO SE
after death 1 3 Give Pages along with far with the State within 72 hou	3	NAME OF First Middle	Last 4 DATE Month Doy Year
after death 8 Give Pag along with with the Sto		OFCEASED (Type or print) Rhonda	Smith DEATH 11 21 19 66
	S	SEX 6. COLOR OR RACE 7 MARRED NEVER MARR	RIED X 8 DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
S = 0		F White WHOWED DIVOR	RCED [] 14 Sept 1966 YES 2 7
Office Office		US_AL OCCUPATION (G ve kind of work done 105 KIND OF BUSINESS OR	R 11 BIRTHPLACE (Stote or foreign country) 12 CITZEN OF WHAT
4 5 0	QUI	ing most of working life, even if retired) INDUSTRY	Prince Geo. Cty., Maryland "U.S.A.
w thin 24 hour pencil in Item caminers Office caminers of fice in any event	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
<u> </u>		Charles William Smith	Della Leeann Gear
	15 (Y	WAS DECEASED EVER NO. 5 ARMED FORCES? 16 SOCIAL SECURITY NO es, no, or unknown) (fiyes give wor or dates of service)	
	1	3, 10, 01 OTATIONAL) (1) jes give wor of dures of service)	Charles Wm Smith Upper Marlboro Md.
be execut "pending ief Medica nsit perm or removo		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	INTERVAL BETWEEN
i.p i.p ansi		PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) AST	phyxia ONSET AND DEATH
ward ward the Ch trial-tra	1	9219 DUE TO	
sho e w o th o th not			piration of gastric contents Minutes
d the		stating the underlying couse DUE TO	
writing writing rworder used os bur of, c		dost	
minkk: Inis certificate she certificate, writing the 4 should be forwarded to 1 in files. e 3 should be used as a burgent, priar to bur of, cremo	No.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	PERFORMED?
cate, cate, be for the track to t to the track to the track to the track to the track to the tra	IST	AA CHTCANII CHICC IIIC	YES 🖼 NO 🔲
k: II	CERTIFICATION	PRIMARY or CONTRIBUTING	Y OCCURRED (Enter noture of injury in Port I or Port II of Hem 18)
EXAMINER: It cute the certific age 4 should bryour files. Page 3 should ed ogent, priar	AL C	CAUSE OF DEATH	A Long Philippe of Multiple (1) Total (1) and
Amine to the ce our files our files ogent,	MEDICAL	20t TIME OF INJURY Month, Day, Yeor 20d Nijery OCCURRED 1 Hour a m Not White m	20e PLACE OF NJURY (Mome, form, foctory, street office bidg, etc.) 20f (City or town) (County) (Stote)
cute 'age 'ryou 'r you		pm 19 of work C of work C	1
MEDICAL EXA please execute I director. Page retained for you of DIRECTOR: Page its designated o		21. I certify that I taak charge of the remains described	
se e cror cror cror se e cror cror cror cror cror cror cror c		death resulted fram Natural gauses 2, Accident	
direction of the control of the cont		ACTUAL / Jahles /	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Pry, peral eral RAL RAL or its		SIGNATURE SIGNATURE	DEDITY MEDICAL EXAMINED TO
necessory, please execute the the funeral director. Page 4 sl 5 moy be retained for your fit to FUNIRAL DIRECTOR: Page 3 Health or its designated ogen		EXAMINER'S NAME (Type) John Kehoe, M.D.,	Address (Street, city, town, or county)
necesso the fun 5 moy 70 FUNII Health	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	EMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stote)
5 = ± ~ 6 ±		Burney 11-25-66 Mill A	Creek Cometen Mill Creek W. Va.
		FUNERAL DIRECTOR ADDRESS	2So RECID BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VŘ A15ME (5) 6M 1/66	1	7 Hander Sum 47.35 Both D.	we the the 12 parts of NOV 23 1956 Meanley Judge



M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16141 CERTIFICATE OF DEATH 16139

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Kes dence before edmission)
o. COUNTY GOODER MARYLAND	6. STATE HA 6. COUNTY PRINCE GEORGE
b. CiTY OR TOWN (if outside corporate limits). c. LENGTH OF STAY IN Ib	c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town)	1 1/1 TI 1615 Old Baltimone
beltsville Life	11181 Lamon BeHSVIIIe Pike 1.1
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
None 11615 pld Bult like	11615 Old Bultimore Pike YES NO
3. NAME OF First Middle	Lest 4. DATE Month Day Yeer
(Type or print)	72-1-1 DEATH NOV 3 10/6
	SMIIA
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Mar 14-1888 78 yrs.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11 B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Montannery & Mel 11.3.A.
HOUSEWITE HOME	1 14 MOTHER'S MAIDEN NAME
D. PATHER'S NAME	
Keese Knnchs FER	Rebecca HARRISON
	INFORMANT Address
Yes, no, or unkown) (If yes give were ode tes of service)	epaco S. Inde 11421 Edmonston Ave
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c)]	INTERVAL BEZWEEN
PART I. DEATH WAS CAUSED BY: OD MO GO OF	ONSET AND PEATH
IMMEDIATE CAUSE (0)	Hencorring / day.
44 2 X DUE TO 6)	· a · · · · · · · · · · · · · · · · · ·
Conditions, it any, which \ (b) Her ferreus	me C-U-R. Elleane 10 cm
geve rise to immediate couse	
(e), stating the underlying DUE TO	in D C A soll a mes 13 cm
couse lest. (c) Selection (c)	OT PALATER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS ALTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
 	YES NO .
E 2De. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, , 20f. (City or town) (County) (State)
(ctory, street, office bldg., etc.)
Hour e.m. While Not While p.m. 19 et work at work	
21. I certify that (!) (this hospital) attended the deceased from.	7/23, 1957 to
	it death occured at 42M, from the causes and on the date stated above.
22a. SIGNATURE	, 226, DATE
1 1 1/1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ATTENDING MED. STAFF
	M D PHYS. DIRECTOR PHYS.
22c PHYSCIAN'S NAME (Type)	22d. ADDRESS
V ru warren	Laurer, Md.
230. OURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
REMOVAL (Specify) 11-3-66 Rucens (hopel Murking Mil
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
115 11 nshing of on & Sons 4925 Drane	VENE HOUR WOOD POL A O
19 July Divide Line Anna Milled Milled Milled	DATE NUV 7 1986 Cliantes ludel

0



1	(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01 -
FOR ST	ATE		16142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	3140
deloy is and 3 to A3. Poge	deoth.	1	PLACE OF DEATH a. COUNTY Prince George's b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn) 2 USUAL RESIDENCE (Where deceased ived, if institution Residence of STATE to COUNTY District Of Columbia 6 CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn)	
1, 2,	ate Department of hours ofter deoth.	-	Seat Pleasant d NAME OF HOSP TAL OR INSTITUTION (if not in baspitor, give street address) Cooded area off Central Avenue 314 63rd. Street. N.E.	e IS RESIDENCE ON A FARM? YES NO [
after death II 8 Give Pages olong with for	the St	3	NAME OF First Middle Smithwick OF OF DEATH 11	Day Year 20 19 66
hours af tem 18 Office old	lond 2 event	100	Male IJegro WIDOWED DIVORCED 13 Sept 1907 59 yrs Works 12 CIT 13 Sept 1907 14 CIT 15 CIT 15 CIT 15 CIT 16 CIT 17 CIT 17 CIT 18 RTHPLACE (Stote or fareign country) 12 CIT 17 CIT 18 RTHPLACE (Stote or fareign country) 10 CIT 18 CIT	Days Hours Mir ZEN OF WHAT NTRY?
d be executed within 24 d "pending" in penal in Ethief Medical Examiners	Me poes I		Building Contractor North Carolina FATHERS NAME Robert P. Smithwick Ellen Peters	
executed within inding" in penal Medical Examine	removal, o	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, ar unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO Mrs. Wilhelmina Smithwick	314 63₹₫
be execute "pending" hief Medica	P P		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	INTERVAL BETWEEN QNSET AND DEATH Minutes
should he war to the	used as a burial-transit burial, cremation, or re ,		Conditions, if any, which gave use to Immediate cause (a), stoting the underlying couse (b) DUE TO (b) DUE TO (c)	over l yr.
	be used or to bunal,	ATTON	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
INER: This is certificate, should be for files	ould	A CERTIFICATION	20a EXTERNAL CAUSE WAS PR MARY are CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar I af I fem 1B)	
the cert 4 should	ge 3 sh	MEDICAL	20c TIME OF NJJRY Month, Day, Year 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.) (City or town) (Cou	nty) (State)

5 moy be retained for your
TO FUNERAL DIRECTOR: Page
Health or its designated og necessary, please execute the funeral director. Page

ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md.

Natural causes 🔀

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

CHIEF MEDICAL EXAMINER

Hamicide

22. DATE SIGNED 11-21-66

and in my apınıan

23b DATE THEREOF BURIAL, CREMATION

death resulted from:

21. I certify that I taok charge of the remains described above, held an Autapsy

. A Accident

23c NAME OF CEMETERY OR CREMATORY Lincoln Memorial 23d LOCATION (City or Town) Maryland

Undetermined manner

(County) (State)

VR A15ME (5)

-4001 Benning Rd.,

Suicide .

250 REC D BY REGISTRAR

Inspection x,

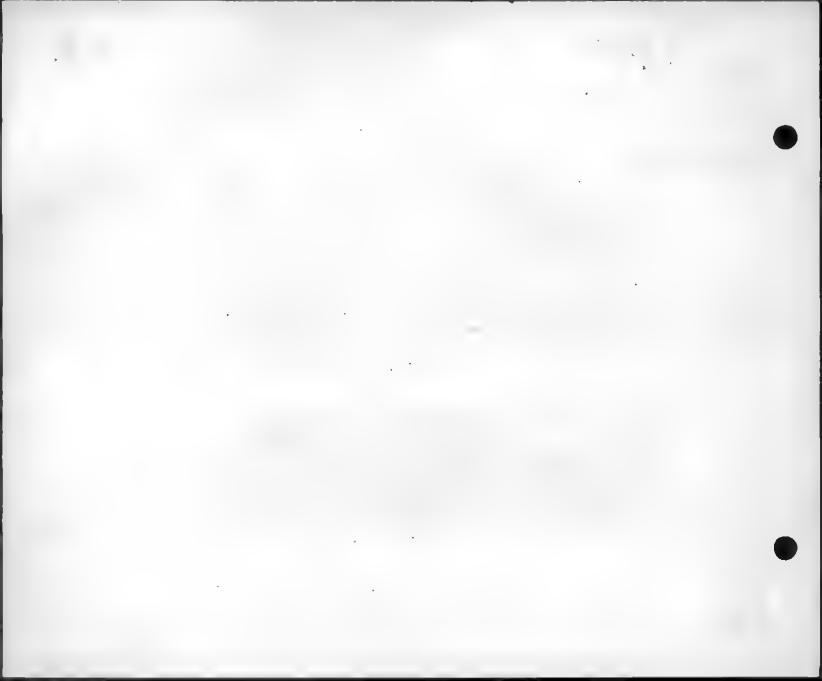
256 REGISTRAR S SIGNATURE

Inquiry 🔀



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
16143
CERTIFICATE OF DEATH

are at	20	/		TOTAG	CERTIFICATE	OI PEAIII		10.143
et .	and and		1. 1	LACE OF DEATH		2. USUAL RESIDENCE (Where de	eceased lived, if institution	Residence before odmission)
death	funeral 1 and 1er deat			COUNTY		o. STATE	b COUNTY	
<u>a</u> .	후			Frince Grerge		///axy/0	nd.	7.6,
ö.	the ages s aft			CITY OR TOWN (Foutside corporate limits/ washe RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ourside con	rporote limits, write KUKA	Lond give neorest town)
SIN	aurs			Riverdele	7 days	Lourel		17-2
후 .	ا الا الا الا الا الا الا الا الا الا ا		_	NAME OF HOSPITAL OR INSTITUT ON (If not in ho	spitol, give street oddress)	d STREET ADDRESS		e IS RESIDENCE
24	2E G	Λ' .		C / / /		(1) m	1	ON A FARM?
.⊆	filled in papers. thin 72 h			Eugene Leland	//len	Leseny 11/0	Tel	
₩.	<u>></u> ₽ ₹			NAME OF First	M.ddle	Lost / 4 DA		Doy Year
\$ m	arb arb			Type or print) John	Wesley 3	rncer DE	ATH //	1 19 6 6
<u> </u>	completely ave carban y event, wi		5 5	EX 6 CQLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours Min.
139	20 20 20		1	male (1) Lite WID	OWED DIVORCED DIV	1-29-15	lost birthdoy)	Months Doys Hours Min.
6 .	ician and camplefely filled in by the fur lease remove carban papers. Pages 1 and in any event, within 72 haurs after		10n	USUA, OCCUPATION (Give kind of work done	TOD. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State,	-	12 CITIZEN OF WHAT
þe	d ir		duri	ng most of working life even if retired)	INDUSTRY	(2/1	, , , , , , , , , , , , , , , , , , , ,	COUNTRY?
ate	physician c			nuseryman	musery	al water	1	L. 3. F.J.
≝	\$ 75 A	1	13	FATHER'S NAME	(14. MOTHER'S MAIDEN NAME	3111	
Te l	Jing phy	, 1	13	entemin Franklin	Spencer	Hmu C,	William	5
€ .		*	15	WAS DECEASED EVER IN J S ARMED FORCES?		NFORMANT	Address	
the death certificate be executed within 24 hours after	attending phy permit. They ian, or (emova		(10	s, no, or unknown) (If yes give wor or dates of service	"	Rusa San	drex	Same
9	a de la			18. CAUSE OF DEATH (Enter only one couse per	line for (n) (h) and (c))	6 3.1		INTERVAL BETWEEN
± .	by the attend transit permit crematian, or			PART I DEATH WAS CAUSED BY	Williaman	11 n Cherc	enorte	ONSET AND DEATH
that an.	by the ransit		Ш	IMMEDIATE CAUSE (o)	0 11			
quires th physician	signed burial-t Ilurial, c			Conditions, if any, which gove	(1) M (U)	1 MM		
in A	signed burial-t Ilurial,			ose to immediate couse (a)	cu of co	COTC		
				stoting the underlying couse	/			
- 8 je	ar in the			last.) (c)	<u> </u>			
The law ra	S as		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
	certificate has been hed far use as the it, of Health priar ta	0	CERTIFICATION	("	rehoses	14the	7	YES NO
AN	He de la cart		1510		205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 1B.)	
교효	t a t		CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSICIAN e hospital	this cert detached e Dept. a		MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, form, 2	Of. (City or town)	(County) (Stote)
- =	音等点		E I	Hour o.m.	While Not While foct	ory, street, office bldg., etc.)		
N >	Vfter be c State		_	p.m. 19	ot work U ot work U	77 77 77 10 //		70//11/01/11
ATTENDIN stained by	d b			21. I certify that (1) (this haspital)	affended the deceased from_	1966	2, 10 / CO ()	, 19 <u>62 6</u> that (I) (we) last
E e	# B #			saw the deceased glive an_1990	7 21 19/29, and the	t death accurred at	m, tram causes a	nd an the date stated above.
	Ç 45 €			220. SIGNATURE	11 A Pare	ATTENDING MED.	STAFF	22b. DATE SIGNED
8 8	DEN Gedy edy			366 16	Carren M.	D PHYS. 💯 DIRECT	DR L PHYS. L	
		1		22c PHYSICIAN'S NAME (Type)	1111 114	22d. ADDRESS	1115/91	Lale 2000
TO HOSPITAL Page 4 may	director, page shauld be filed	1			- / / / / //	3 /2 2		- T 100 (A
10S	E STE	•	230	BURIAL, CREMATION, 23b. DATE HEREOS	23c - NAME OF CEMETERY OR	CREMATORY 23c	1 10CATION (City or Town	(Stote)
909	후			REMOVAL (Specify)	6 Street	Cem /	Durlan	alle mel
-	-	. 1	24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY RE		STRAR'S SIGNATURE
V	R A15 (4)	day	1	o Will Dinaldo	Laurel i	BY CF DATE NOV A	1986 0	Charles Indae

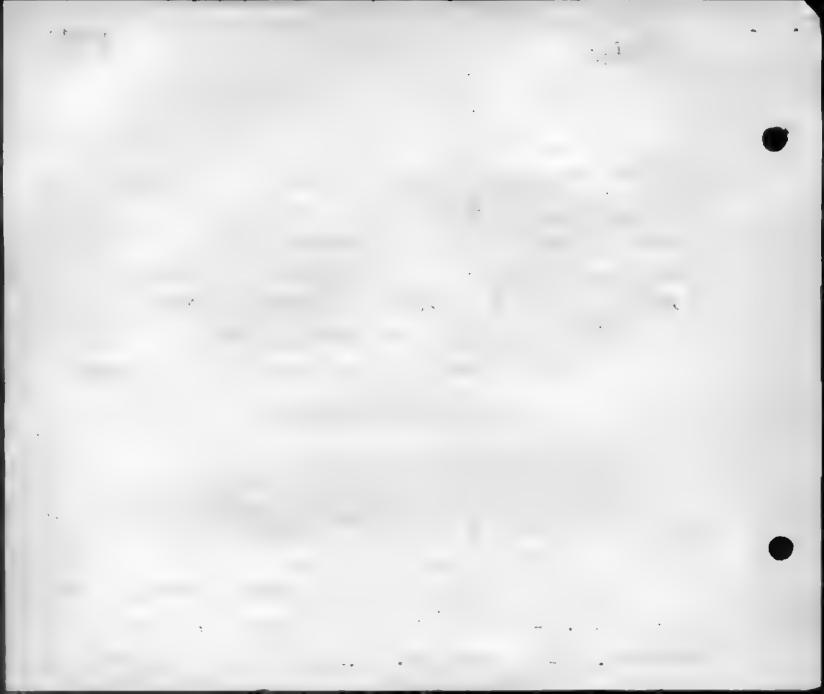


VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1011.

- 1		10184		_
		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm.s	sion)
	•	. COUNTY RPINICE CEOPLE	e. STATE MA CHE . b. COUNTY	/
ı		41 110 000 0 110 000	OF STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	—
ı		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	OF STAT IN IS	
		HYATTSVILLE 1312	21'IONTAS INASH. DC	
- 1		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	el eddress) d STREET ADDRESS e. IS RESIDE	
- 1		amous as a second	2012 3/ CT CE A ATTA ONATA	-
	_	_3815 32ND, AVE.		
		NAME OF First Mid	dd e Last 4 DATE Month Dey Year	,
		(Type or print) NARGARET /-	MULCE SEANCER DEATH NOVEMBER 13 1960	0
ŀ	S.	SEX 6. COLOR OR RACE, 7. MARRIED T NEVER M.	SARDIED TO 8 DATE OF BIRTH 19. AGE (In years HE UNDER 1 YEAR HE UNDER 24)	HRS
	-	T. BUNKOSED THEYER HO	A Doll 3 Iasi Diffndey Months Deys Hours M	in.
	_/	- Volt	VORCED APRIL 15/1902 64 VIS.	
	10a	a. JSUAL OCCUPATION (Give kind of work 10b. KiND OF BUSINES	ESS OR INDUSTRY; 11 8 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT	4TRY?
-	<	TATISTICAL CLERY 11,5.6-	-nit. Mast. A.C. (1.5, A.	
II	43	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	7	11	· PENTRUME DOMESTAL	
		MICHAEL / UDHY	GERTRUDE DENNISON,	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR es, no countown (lifyes give were ride tes of service)	RITY NO. 17. INFORMANT Address	-
	(16	No. 100 100 100 100 100 100 100 100 100 10	2955 E. FAY SATTERFIELD 3815 LIVATTSVIA	45
	I	18 CAUSE OF DEATH [Enfer only one cause per line for (e) (b).	and (c).	N
		PART DEATH WAS CAUSED BY	ONSET AND DEAT	~ 1 1
		IMMEDIATE CAUSE (*)	CIZED CARCINOMITEZOSIS MAPRILI	166
		(A DUE TO		- 11
			NOMA OF LUNG- APRILLY	766
		gave rise to immediate cause	V V/M/H- OV OV O	
		(e), staling the underlying DUE TO		
		cause last.		_
	N	PART OTHER SIGNIF CANT CONDITIONS CONTRIBLTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	D7
	ΑŢ		YES NO	man-read?
	CERTIFICATION	208 ACCIDENT WAS UNDERLYING [] 206, DESCRIBE HOW IN.	NJURY OCCURED. (Enter neture of in ury in Pert 1 or Pert 1 of tem 18)	
	ERT	OR CONTRIBUTING [] CAUSE OF DEATH		
			The state of the s	-
	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCUR	Andrew street office blds ob 11	0)
	앞	Hour em. While Not While		
		21. 1 certify that (I) (this hospital) attended the dec	ceased from JUNE 7. 19 66 to NOVEMBER 319 (6 that (I) (w	last
			7 035	•
			and that death occurred at	
		220 SOFATURE OF S		GNED
		/ Ilun & Klauesc	M.D. PHYS. DIRECTOR PHYS	
b .		228 PHYSICIAN'S	22d ADDRESS	1
-		NAME (Type) / INC BNT J. DIFRA	HURSON 2436 C'ENFANT SOUARRISE MASH	St.
	<u> </u>	AUDIT CONTACTON 275 DATE THENCOE 27- NAME	OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Siete)	-
	234	REMOVAL (Specify)	of children on and other than the control of the children of t	
		Burial Nov. 15-1966 Cedar	Hill Cemetery Suitland, Maryland	
£ .	24	FUNERAL DIRECTOR'S SIGNATURE ADDRES	ESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
1	S	immons Bros. 1661- Good Hope Rose	3 CM Wash DOUBLE NOV 15 1966 Of various Creder	
D)	-	immons Bros. 1661- Good Hope Rose	de one assue	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 2 death. 2 Pusibal Residence Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after cor ges rince MARYLAND CITY DR TOWN (if outside corporate limits) corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside write, RURAL and give nearest town) rdale ed a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? mor NO Z 10 YES within 3. NAME OF DATE Month First Day Year DECEASED DF 850 (Type or print) 6 ambers DEATH 19 executed SEX DATE OF BUILTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. 6. COLDR DR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months I Davs WIDOWED | OIVORCED [plysician in please wal, and th 1Da. USUAL OCCUPATION (Cive kind of work done | 1Db. KIND DF BUSINESS DR 12. CITIZEN OF WHAT (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY **COUNTRY?** 13. FATHER'S NAME demth certificata MOTHER'S MAIDEN NAME removal the attending p it permit. Then nation, or remova nown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMAN Address 17. (Yes, No. or unkown) (If yes dive war or dates of service) cremation, 1/0/ CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the the burial-transit or to burial, cramati ONSET AND DEATH CONGESTIVE PART I. DEATH WAS CAUSED BY: LURE HAMBA IMMEDIATE CAUSE (a) 太石 **DUE TO** TRIERIOSCUPROTI DISCOTTE NKWINUK Conditions, If any, which (b) gave rise to immediate 함 **DUE TO** (a), stating the prior 1 underlying cause last. has SS (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OLSEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health use PERFORMED? certificate CERTIFICATI ND IV YES the hospital 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MYTICIAN 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of H be detached State Dept. this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de iled with the State Hour a.m. While Š at work 19 p.m. at work be retained 1966 19 06 21. I certify that (I) (this hospital) attended the deceased from to. that (I) (we) last and that death occurred at .M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED 13-60 page ATTENDING DIRECTOR PHYS. M.D. Page 4 may O FUNERAL 22¢. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) (VERDA 23c. NAME OF CEMETERY OR CREMATORY 23a. CURIAL, CREMATION, REMOVAL (Specify) 23b. (State) DATE THEREOF LOCATION (City, town or county) 24. FUNERAL DIRECTOR ADORESS 25°D VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 16146 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Prince George's a COUNTY Prince George's MARYLAND Maryland b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) 22 days Berwyn Heights Cheverly d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8605 60th Avenue Prince George's General Hospital YES NO 54 4. DATE NAME OF Last Month Day Year DECEASED 1966 0F 15, William Staples November (Type or print) DEATH 6 COLOR OR RACE White S SEX 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 4/6/42 2 Hast birthday) Hours Male WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) INDUSTRY COUNTRY? during most of working life, even if retired) Painter Buildings 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lhelma Lucas Frank B Staples WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na. ar unknown) If If yes give war ar dates of service

	no	578 54 8333	marian L	Staples	perwyn	Height	s, ru.
	18. CAUSE OF DEATH (Enter only one cause property of the part of DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	generalized form	struction)	gangune, bowd:		and	INTERVAL BETWEEN ONSET AND DEATH
	stating the underlying couse (c)	Junge Retro	Pantoneal	Librotic	luuss		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL	FISEASE CONDITION C	GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES XX NO
CERTIFIC	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCL	JRRED. (Enter noture o	f injury in Port I or	Part II of item 18.)		

20d, INJURY OCCURRED While Nat While at werkat work

20e PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)

Oct. 25

201 (City or town)

(County)

(Stote)

, ta Nov. 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram-2:25 M, fram causes and an the date stated abave. , and that death accurred at 22b. DATE SIGNED STAFF PHYS DIRECTOR MD PHYS

22d. ADDRESS

11/16/66

Dr. LeeLlacer

Prince Geo. General Hosp. Cheverly Md 23d. LOCATION (City or Town) (County) (State)

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23g. BURIAL CREMATION.

22a SIGNATURE

22c. PHYSICIAN S NAME (Type)

20c TIME OF INJURY Manth, Day, Year

saw the deceased alive on Nov.

Hour a.m.

MEDICAL

F. Gasch's Sons

23b. DATE THEREOF

Nov 18, 1966

ADDRESS Hyattsville Md.

23c. NAME OF CEMETERY OR CREMATORY

National Memorial Park

25g. REC'D BY REGISTRAR

1966

Falls Church Fairfax Va 25b. REGISTRAR'S SIGNATURE

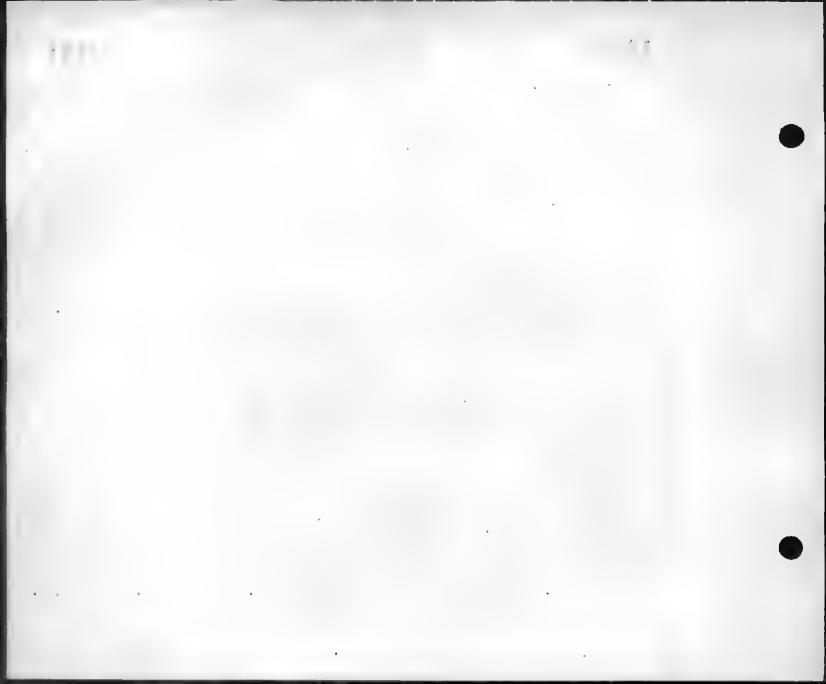
signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, cremation, or remaval, and in any event, within 72 hours affer deat The law requires that the death certificatering Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to shauld be

OR ATTENDING PHYSICIAN:

death.

executed within 24 haurs after death.

VR A15 (4) 20 M 1/66



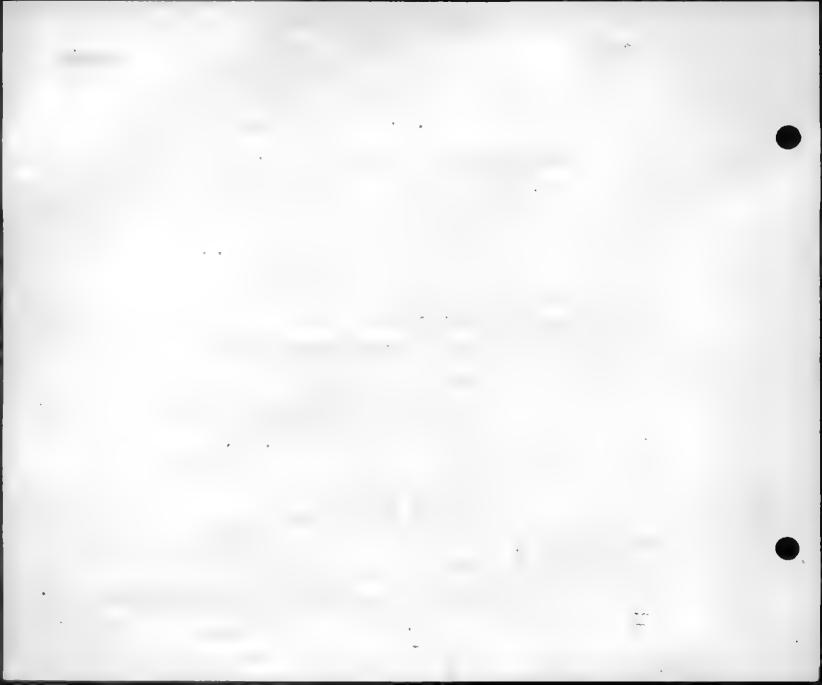
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1614	7		CERTIFIC	ATE	OF DEATH		1	6145
									nce before odmission)
1	a. COUNTY	Prince Geor	ges	MARYLA	ND	o STATE		b. COUNTY	V
	CITY OR TOWN	(If outs de corporate limit				c CITY OR TOWN (If ou	tside carparate limits, w	rite RURAL and giv	e nearest town)
	write RURAL on	nd give neorest town))	Imo IO do	170		· ·		
_	NAME OF HOSP	TAL OR INSTITUTION (If n	nt in hespital o		70		II, D.O.		e IS RESIDENCE
				ino proof address;			37 13		ON A FARM? YES NO 5x
0				22 1 11				M	
	DECEASED			Middle			OF		Doy Year
									2 19 66
S :			7 MARRIED	_					Doys Hours Min
	PT	N	WIDOWED	DIVORCED			70	yrs.	·
10o	SUAL OCCUPATIO	N (Give kind of work done	10b. KI	ND OF BUSINESS OR		11 BIRTHPLACE (County	& State, ar foreign country	y) 12 CI	T ZEN OF WHAT DUNTRY?
auri	Retired	j ille, even it remedj	ί	nknown		Washingto	n. D.C.	Ü	SA
						14. MOTHER'S MA DEN	NAME		
	Thomas S	Stewart				Laura Bro	oker		
	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN			Address	······································
(Ye		(If yes give wor or dotes		77 10 21204	,	Daggart			
		FATH /Enter only one co				Decedent	=		INTERVAL BETWEEN
	PART I. DEA	THE WAR COLLEGE BY			- h-a-a-	-h-14			1 week
				ousney Trucon	Inne	MOOTISH			I WCCK
	Conditions if any								
	rise to immedio	do couse (a)	. /						
	stoting the unde								1
		1, 1							Unknown
×	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING 1	O DEATH BUT NOT RELATE	ED TO TI	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART	1(0)	19 WAS AUTOPSY PERFORMED?
CATE	Cirrhos	is of Liver	Arter	rionephroscl	ero	sis. Pulm.	Tbc.		YES 🔀 NO 🗌
ĬĘ.	20a ACCIDENT WA	AS JNDERLYING 🖂	205. DE	SCRIBE HOW INJURY OCCU	JRRED. (I	nter noture of injury in	Port I or Port II af item	18.)	
R	20c. TIME OF INJ	IURY Manth, Day, Year	20d II	JURY OCCURRED 26				own) (Co	unty) (State)
ME		n r	While	Not While	tocto	ry, street, attice bldg., etc.			
			snital) atten	ded the deceased from	am	9-23	966 ta	11-2 . 196	66, that (A) (we) last
	saw the d	leceased alive an	11-	.219_66_, an	d that	death accurred at	9:10PM, fram co	auses and an t	he date stated above.
			- 7					22b D	ATE SIGNED
		vicing 1	Kin	•	M.D	PHYS	DIRECTOR IX PHYS	111-2	2-66
		2	0 7			22d. ADDRESS			-
	NAME (Typi	Moe W	eiss. N	I.D.		Glenn Dal	e Hospital	. Glenn I	Dale. Md.
230	BURIAL CREMATI	ION. 23b DATE TH			RY OR C				(County) (State)
	REMOVAL (Specif	luci luci					,	1 7	, ,,
24	FUNERAL DIRECTO				P PA	2Sa. REC'I	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
	816	H Street	A SO	The state	1 0			c mlin	was Judge
	3. 100 duri 13. 15 (Ye	1. PLACE OF DEATH a. COUNTY b CITY OR IGWN write RURAL or Glenn Da d NAME OF HOSP Glenn Da 3. NAME OF DECEASED (Type or print) S SEX M 100 SJAL OCCUPATIO during most of working Retired 13. FATHER'S NAME Thomas 15 WAS DECEASED EV (Yes, no, or unknown) NO 18. CAUSE OF C PART I. DEA Conditions, if on rise to immedio stoting the und last PART II. OTHER'S Cirrhos 20a ACCIDENI W. OR CONTRIBUTINI (IF EITHER, NOTIF 20c. TIME OF IN. Hour o 22c. PHYSICIAN' NAME (Typ 230 BURIAL CREMATI REMOVAL (Specif 24. FUNERAL DIRECT 26. THERE 26. PHYSICIAN' NAME (Typ 27. FUNERAL DIRECT 28. FUNERAL DIRECT 29. FUNERAL DIRECT 29. FUNERAL DIRECT 20. FUNERAL DIRECT 20. FUNERAL DIRECT 20. FUNERAL DIRECT 21. FUNERAL DIRECT 22. FUNERAL DIRECT 24. FUNERAL DIRECT 26. FUNERAL DIRECT 26. FUNERAL DIRECT 27. FUNERAL DIRECT 27. FUNERAL DIRECT 28. FUNERAL DIRECT 29. FUNERAL DIRECT 29. FUNERAL DIRECT 20. FUNERAL DIRECT 20. FUNERAL DIRECT 20. FUNERAL DIRECT 21. FUNERAL DIRECT 22. FUNERAL DIRECT 24. FUNERAL DIRECT 24. FUNERAL DIRECT 25. FUNERAL DIRECT 26. FUNERAL DIRECT 26. FUNERAL DIRECT 27. FUNERAL DIRECT 27. FUNERAL DIRECT 27. FUNERAL DIRECT 27. FUNERAL DIRECT 28. FUNERAL DIRECT 28. FUNERAL DIRECT 29. FUNERAL	1. PLACE OF DEATH a. COUNTY Prince Geory b CITY OR IGWN (if outs de corporate limit write RURAL and give neorest town) Glenn Dale (rural d NAME OF HOSP TAL OR INSTITUTION (if re Glenn Dale Hospita) 3. NAME OF DECEASED (Type or print) S SEX M 100	1. PLACE OF DEATH a. COUNTY Prince Georges b (ITY OR IGWN (If outs de corporate limits, write RURAL and give neorest town) Glenn Dale (rural) d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, georgest and percentage) 3. NAME OF DECEASED (Type or print) S SEX A	December 1. Place Of Death 1. October 1. Prince Georges Maryla 1. October 1.	Place of Death	PRACE OF DEATH 0. COUNTY Prince Georges MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (IF OU STATE WITH EURAL and give nearest town Glerm Dale (rural) Imo. 10 days Washingto d MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS G21 emn Dale Hospital Stewart STEET ADDRESS G30 F St.	1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND Lot TY OR IGNIN (If outside corporate limits, we write RIPACH and give neorges town) Glenn Dale (rural) Imo. 10 days Washington, D.C. Glenn Dale Hospital No Maryland Despital Imos 10 days Glenn Dale Hospital Inst Middle Lost Glenn Dale Hospital No Mark Of Despital Residence Inst Middle Lost Glenn Dale Hospital NAME OF DEATH No COLOR OR RACE No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No Marked Despital No No Color Or RACE No No No Color Or RACE No No No No Color Or RACE No No No Color Or RACE No No No Color Or RACE No N	1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside corporate lames, write RURAL and governous traines,

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.



ė				
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft = death.	4 may be retained by the haspital ar attending physician.	INTERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral	3 shauld be detached far use as the burial-transit permit. Then please sermave carban papers Pages 1 and 2;	with the State Debt, of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs offer death?
AI 0	ay be	I DI	agio	fileo
SPIT	4 TTK	VERA	or, p	1d be

16148

PLACE OF DEATH b CITY OR TOWN (If o Cheveris d. NAME OF HOSPITAL 100 Prince G 3. NAME OF DECEASED (Type or print) S SEX Male 10a USUAL OCCUPATION (G during most of working life.

3. FATHER'S NAME IS WAS DECEASED EVER IN (Yes, no, or unknown) ((If NO 18. CAUSE OF DEAT PART I DEATH Conditions, if any, w nse to immediate c stating the underly wst. PART II. OTHER SIGN CERTIFICATION 200 ACCIDENT WAS UI OR CONTRIBUTING □ (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Haur a.m. 21. I certify sow the dece 22a SIGNATURE 22c PHYSICIAN'S NAME (Type)P BURIAL, CREMATION Page 4 TO FUN direct 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

	CEKTIFICATE	OF DEATH		16148
nce George's	MARYLAND	2 USUAL RESIDENCE (Who g. STATE Maryla	nd b. COUN	on Residence before admission) ITY Prince George's
outside corporate firmits,	C. LENGTH OF STAY IN 16		ide corporate limits, write RUR	
ve nearest tawn)	12 days	,	leasant	
OR INSTITUTION (If not in haspit		d STREET ADDRESS		e IS RESIDENCE
eorge's Genera	l Hospital	7002 R	Rolling Ridge	ON A FARM? YES NO X
First	Middle	Last	4 DATE Mont	- ";
Otto	J.	Stommel	DEATH NOVEME	
COLOR OR RACE 7 MARR	ED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min
White WIDOW	- W	2/1/85	81 yrs.	
ive kind of work done 10t even if retiredly /	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & 1	State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
TAL WORKER	U.S. NAVY. VO.	MARYL		11.5.
	1	14. MOTHER'S MAIDEN NA		
TOMMEL		UNKNOL		
1	16 SOCIAL SECURITY NO 17 1 577 406365A HA	RVEYJ, STOMA	VEL 1508 LA	A BEACH VA.
H (Enter only one cause per line WAS CAUSED BY IMMEDIATE CAUSE (a)	-for (a), (b), and (c)) evelval 14	ascutar	iceeni	INTERVAL BETWEEN ONSET AND DEATH
hich gove (a), (b)	eritral an	tiniske	Perosis	11:415
ng cause DUF TO	uur aliz	ed art	isicoch:	0000 / 6 3/5
	NG TO DEATH BUT NOT RELATED TO 1			19 WAS AUTOPSY PERFORMED? YES NO
NDERLYING (205 CAUSE OF DEATH DICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	int I ar Part II of item 18.)	
W		CE OF INJURY (Home, farm, ory, street, affice bldg , etc.)	20f. (City ar town)	(County) (State)
01	tended the deceased from_G	death occurred of	CO to /VOC.	2, 196, that (I) (we) last ond an the date stated above
11-11-11	11/2/2/10/10	1		22b. DATE SIGNED
This Me	III MI	D PHYS. LA D	MED. STAFF DIRECTOR PHYS.	11/4/66
eter Duus, M	. D.	6124 Centr	al Ave.,Capit	col Hgts., Md.
23b DATE THEREOF	6 MT. OLIVE)	-,	23d LOCATION (City of TO)	N. D.C.
mbers Go 14th	+ Chaplin J.	N.W. ZOO NEGO V	BY PEGISTRAR 1965 2Sb. RE	GISTER'S SIENATURE
	1			



death, after 24 hours .= bon papers. within 72 ho filled and completely f remove carbon pa n any event, within within attending physician an ermit. There sleased rer on, or removal, and in a þ certificate been signed by the attent the burial-transit permit. or to burial, cremation, or requires that the the hospital or attending physician. as the prior to has for use Health p PHYSICIAN: After this be de State I retained DIRECTOR: Af age 3 should I lled with the S þe O HOSPITAL

this certificate the detached for use te Dept. of Health тазу O FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF. DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS ON A FARM? NO X NAME OF Middle Last DATE Month Day Year 4. DECEASED DF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) Months | Oays Hours OIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? EN HOUSEWORKER 191 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN GESTIVE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WEEKI IMMEDIATE CAUSE (a) **OUE TO** CURUNARY SCLEROSIS UNKNOWN Conditions, If any, which gave rise to Immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. ED. Not While p.m. 19 at work at work 21. I certify that (i) (this hospital) attended the deceased from that (I) (we) last A M. from the causes and on the date stated above. saw the deceased alive or and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING V M.O. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966

VR A15 (4) 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH

12150

FOR STATE

any delay is

pages Johd 2 with the State Department of in any seent within 72 hours after death

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

necessary, please execute the certificate, writing the ward "pending" in penci in Item 18. Give Pages 1, 2, and 3 ta

TO CHILD WEDICAL MANINER: This certificate should be executed within 24 hours after death If

V	TOTOO	WED	ICAL EXAMINE	K.2 (EKTIFICATE U	F DEATH		[01,20
1	PLACE OF DEATH -			"		There deceased lived, if instituti		before admission) e
П	o COUNTY	1-	MARYLAN	4D	o. STATE Marvla	b. COUN		George 's
r	· b (ITY OR TOWN (If outside corporate	lmits,	c LENGTH-OF STAY IN 4	100	c (TY OR TOWN (If our	tside corporate him ts, write RUR	At ond give	neorest town)
П	write RURAL and give nearest town) Cheverly		DOA		Chapel	Oake		
-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a	arve street oddress)	- 1	d STREET ADDRESS	· OGNO		e IS RESIDENCE
ı	Prince Geo				5323 N	lve Street		ON A FARM? YES NO S
3	NAME OF	First	Middle		Lost	4. DATE A Month	h	Doy Year
П	(Type or print) Jame	q	Archibald	St	udevent	OF DEATH N	narombo	r 19 1%6
5	SEX 6 COLOR OR RACE		X X NEVER MARRIED	7 8	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 Y	YEAR IF UNDER 24 HRS
	male Negro	WIDOWED	DIVORCED [i l	12-16-29	los3 brithdoy)	Months [Doys Hours Min.
1[Do USUAL OCCUPATION (Give kind of work d	lone 10b KI	IND OF BUSINESS OR		11 BIRTHPLACE (Stote			ZEN OF WHAT
ľ	uring most of working te, even if retired)	1 "	DOJIKI		NORTH CA	ROLINA	(00)	NTRY?
Ī	3. FATHER'S NAME		1		14. MOTHER'S MAIOEN N	IAME		
	Ј ОНИ				POWELL			
	S WAS DECEASED EVER IN U.S. ARMED FORCE		SOCIAL SECUR TY NO	17. IN	IFORMANT	Addre	ss (3	AME)
1	Yes, no, or unknown) (If yes give wor or do	ites of service)			IVRS. WARGA	RET STUDEVENT	(0,	ANE /
	18. CAUSE OF DEATH (Enter only one	couse per line for	(o), (b), ond (c).)					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	it. SE (a)	Pulmonary	fail	Lure			ONSELAND OF ATH
	107.0	DUE TO						
ı	Conditions, Fony, which gove	(b)	Pulmonary	fibi	rosis		1	over 6 mos
ı	rise to immediate couse (a), stating the underlying couse	DUE TO						
ı	lost.	(c)	Sarcoidois	is				over 2 vrs
=	PART II OTHER 5 GNIFICANT COND TIO	NS CONTRIBUTING 1	O DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE CON	D TION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?
MEDICAL CEPTIFICATION								AE2 NO 🔀
DT3E3	2Do EXTERNAL CAUSE WAS PRIMARY (or CONTRIBUTING)	20b DE	SCRIBE HOW INJURY OCCU	RRED (E	inter noture of injury in F	Port I or Port I of Item 18)		
100	CAUSE OF DEATH	i						
DECA	2Dc TiME OF INJURY Month, Doy, Yes	or 2Dd II While			OF INJURY (Home, form ry, street, office bldg., etc.)	, 20f (City or town)	(Coun	(Stote)
M	p.m.	19 of work	k ot work	10010	ry, sileer, office blugs, arc.)			
1	21. I certify that I took ch	arge af the rer	nains described abov	e, held	an Autopsy 🔲,	Inspection 🕱, Inqu	iry 🔀 ,	and in my opinion
	death resulted from. Na	turgi, causes 🛭	, Accident ,	Suicio	le 🔲, Homicide	, Undetermined me	anner 🔲	
L	ACTUAL	11 1/	1 1		CHIEF MEDICAL	EXAMINER		
	SIGNATURE	2 /5	1		_Ph.U.	CAL EXAMINER		22. DATE SIGNED
	EXAMINER'S John Kel	nde, M.Pl	,			L EXAMINER		11-20-6
=	NAME (1708)					xij/Stowu/AG(coruth)		
12	30 BURIAL CREMATION, 23b, DATI REMOVAL (Specify) 11-2	E THEREOF	23C NAME OF CEMETER		REMATORY ONAL CEMET.	23d LOCATION (City or Tov	,	(Stote)
-	24. FUNERAL DIRECTOR		ADDRESS				GISTRAR S SIG	NATURE

ASH,

J. C. DATE NOV 9 8

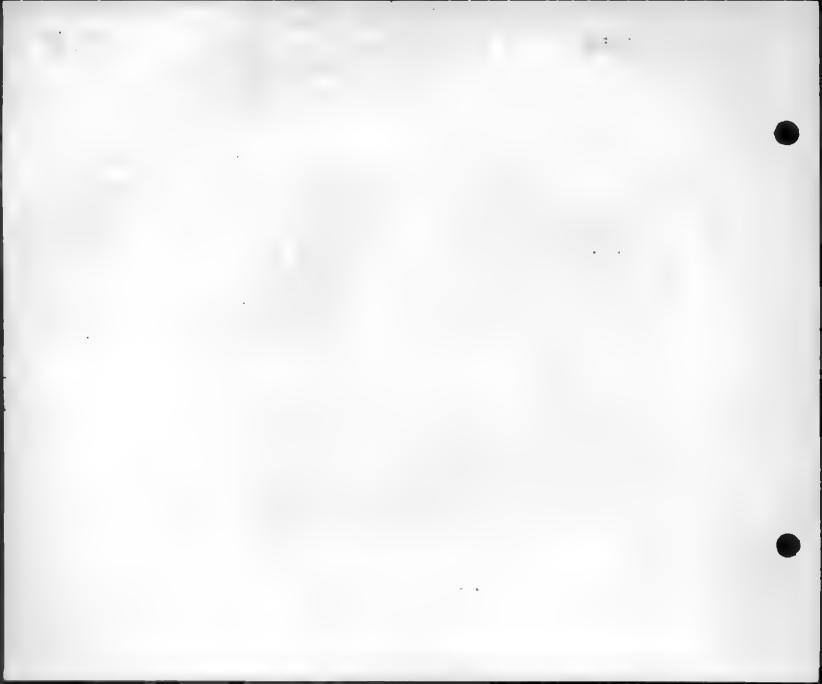
1096

VR A15ME (5) 6M 1/66

JOHN T. RHINES Co. 3015 12TH OT.

Health ar its designated agent, priar to burial, cremation, ar remaval, and 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File



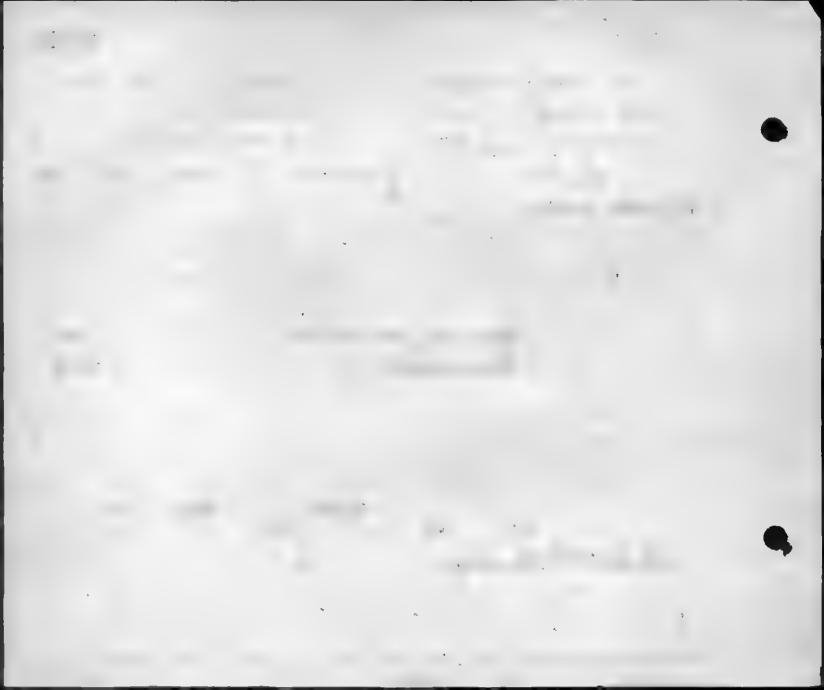
24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16151	CERTIFICATE OF DEATH	19148
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I'ved, f'	_ /
'	Prince Geor	9 45 MARYLAND 6. STATE MO 6. COUN	Pr. Deo
	b. CITY OR TOWN (if outside corporate limits, write Runght and give nearest town)	LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write	RURAL end give nearest lown)
_	Laurel	Life Liaure	
	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospite	- AA -	e. IS RES DENCE ON A FARM?
	603 Mont genery	ST 603 Mount gon	YES NO X
	NAME OF DECEASED	Middle Last A DATE Mon h	- 1/
	(Type or print) SEX 6. CO.OR OR RACE 7. HADDEN	equia Sullivan DEATH NOV.	19 66 JF UNDER 1 YEAR IF UNDER 24 HRS.
ر ا	Toward to MARKIED	Over Married 8. Date of Birth 9. AGE (In years less birthdey)	Months Days Hours Min.
10a	. USUAL OCCUPATION (GIVE kind of work 10b, KINE	DIVORCED Acht 26 922 4 4 yrs. OF BUS NESS OR INDUSTRY 1 - RJ. PLACE County & State, or loreign country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working ife, even if ret red)	3 + De la	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.37
	800- 1 000	· Clare Gares	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	C AL SECURITY NO. 17. INFORMANT Address	1
[1e	s, no, or unkgwn) (liyes give wer ardeles of service)	Ware of Sulling	Easy med
	18. CAUSE OF DEATH (Enter only one ceuse per line	for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acko g neu monia	29.
	501X DUE TO 0	1 1	
		a chifli	3~7
	geve rise to immediate ceuse DUE TO		
	cause lest. (c)		
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
FICA	200. ACCIDENT WAS UNDERLYING 7 206. DESCR	THE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.)	YES NO X
CERTI	OR CONTRIBUTING CAUSE OF DEATH	SE FIGAY (FOR COCCONED), (EMB. Material of Figure 1) (1) Figure 1)	
		URY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	Not While fectory, street, office bldg., etc.)	
_	21. I certify that (I) (this hospital) attende	11/2/11 11/22	19 66 , that (I) (we) last
	saw the deceased alive on /1/14	1966, and that death occured at 84.M, from the causes	
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Intertal hileson	M.D. PHYS. DIRECTOR PHYS.	QI OTTER
	22c. PHYSICIAN'S NAME (Type)	22d. ADDITESS	1 8/1 00010
-			urel, Md. 20810.
236	REMOVAL (Specify)	3c. NAME OF CEMETERY OR CREMATORY 23d. LOGAT ON (C IV, to)	Ma / (Siere)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 125a, REC'D BY REGISTRAR 125b, REC	GISTRAR S SIGNATURE
1	Oc 111 TI Da 1001	Harry Jan A DATE NOV 20 1000	001. 1. 1
1	x time were team	Julie 1700 NOV 29 1366.	Michael Judas

funeral death, Page 4 m. retained by the hospital or attending physician.

IO FUNERAL DI IOE After this certificate has been signed by the attending plysician and completely in by the director, page 3 should be detached for use as the burial-transit permit. The probase remove carbon papers. Page 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and werent, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed 5 TO HOSPITAL VR A15 (4) 15M 9/60



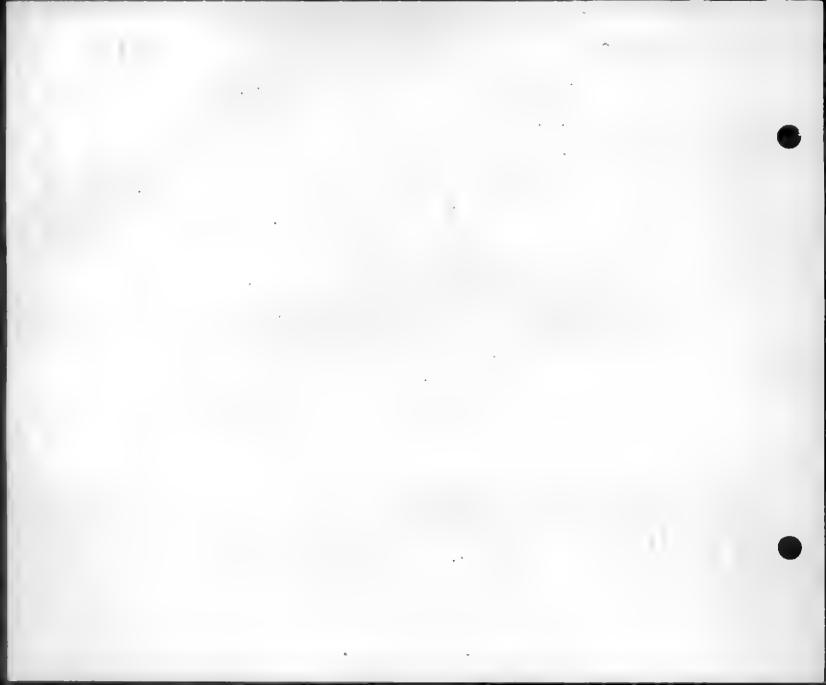
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1.5.1

	16152			CERTIFICATE	OF DEATH		1613	50
1.	PLACE OF DEATH o. COUNTY	Prince Geor	ges	MARYLAND	2. USUAL RESIDENCE (I	Where deceased lived, I	f institution: Residen b. COUNTY Prince	e Georges
	b CITY OR TOWN (I write RURAL and	f outside corporate limits, give nearest town) Cheverly		c. LENGTH OF STAY IN 16 2 days	c CITY OR TOWN (If or Ches	utside corporate limits, verly	write RURAL and give	e neorest town)
Г	d NAME OF HOSPITA	AL OR INSTITUTION (If not i	n haspital, g		d. STREET AODRESS			e IS RESIDENCE ON A FARM?
	Prince	Georges Gen	eral	Hospital	1724	4 64th A	venue	YES NO
3	NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Day Year
	(Type ar print)	Jul		E	Swann	DEATH		20 166
2	SEX		MARRIED		DATE OF BIRTH	9 AGE (In last bin		1 YEAR 1F JNDER 24 HR Ooys Hours Min
	Female	White	WIDOWED	DIVORCED 4	Aug.,	1894 7:	2 yes	
۹٦ 10	a USUAL OCCUPATION ring mast af warking None	(Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY	1). BIRTHPLACE (County Luray, \	A State, or foreign count Virginia	(12 (l) U •	TIZEN OF WHAT
13	. FATHER'S NAME				14. MOTHER'S MAIDEN			
	Simon Shaffer				Laura A	A. Weathe	rholtz	
		R IN U.S ARMED FORCES? (If yes give wor or dates af s	ervire		ormant drian P. S	Swann Sa	Address	2
NOIL	Conditions, if any, rise to immediat stating the under last. PART II. OTHER SI	e cause (a), Hying couse (c)	20	Journary Standard To 1	Labrary Com	Aslima	(o)	19 WAS AUTOPSY PERFORMED? YES TO NO F
CERTIFICATION	I (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part II of iter	n 18)	7.00
MEDICAL	20c. TIME OF INA Hour o.m	10	20d. It While of wark	Not While facts	CE OF INJURY (Hame, forn ory, street, office bldg., etc.		town) (Co	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 11 - 18 , 1966, ta 11 - 20, 1966 that (I) (we) lost sow the deceased above on 1966 and that deoth accurred at 52AM, from causes and on the date stated above.							
	22o. SIGNATURE	()	alia	M.E	111727	MED. STA	VFF (m)	ATE SIGNED
	22c. PHYSICIAN'S NAME (Type	CHANNE	5 3	KHAKYAN	22d. ADDRESS 5813	Kando	res by	(Cherch
23	BURIAL CREMATIC			23c. NAME OF CEMETERY OR (ln	23d LOCATION (C	George	(County) (State) Co Md
1	A FUNERAL DIRECTO	Tallerella	13	1-11-11		OV 2 3 19	25b. REGISTRAR'S S	signature vley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and and please candre gilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please candre carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2—should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death—a 24 homm mitem death. TE HOSPITAL ON ATTENDING PHYSICIAN THE law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16153
CERTIFICATE OF DEATH
16151

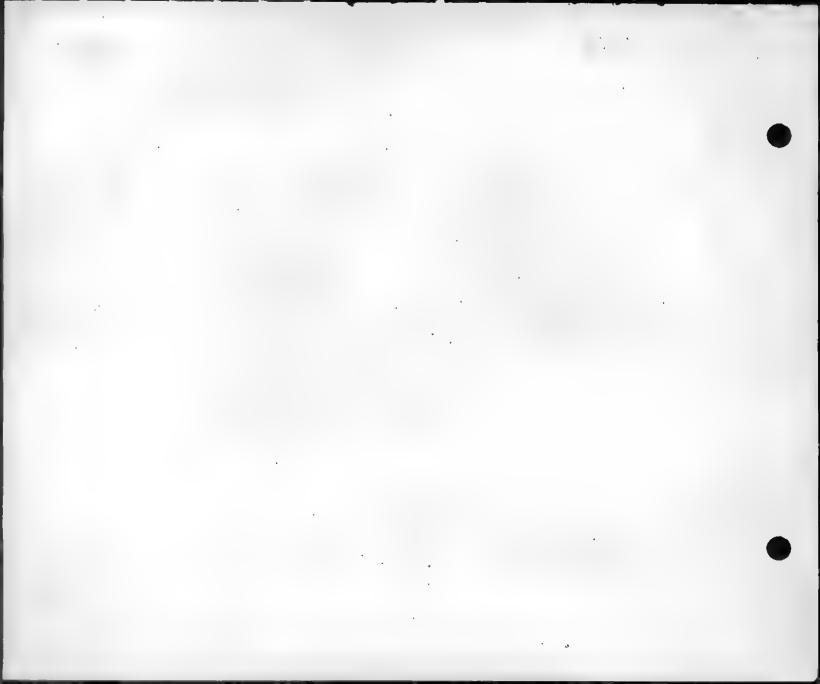
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
a. COUNTY PRINCE LEORGE'S MARYLAND	a. STATE WasHINGTON b. COUNTY C.	
b. CITY OR TOWN (if outside comprate limits. L.c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside/corporate limits, write RURA)	L and give nearest town)
write RURAL and give nearest town) SCPT. 1, 1966 To	District of Columbia	,
HYATISUILE PRESENT		I a la proincipa
HYATTS VITE NURSING HONE Street address)	d STREET ADDRESS	9. IS RESIDENCE ON A FARM?
6500 Riggs ROAD	Koosevelt Hotel N.W.	YES NO
3. NAME OF OO First Middle	Last 4. DATE Month	Day Year
OFFICE ARRIE H Su	EARINGEN DEATH NOU.	28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last hirthday) No. 14. 14. 1	R 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	FEB. 5 1880 86 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	CITIZEN OF WHAT
Ketmer Elerk Ilis. ErrL	misciscippe li	5 A_
13. FATHER'S NAME 67 7/ DD	14. MOTHER'S MAIDEN NAME	
I'm de Huff	E.C. trhehlon	2 -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT , Address	- 1/1 5 /
no _ 264 34 8873 Number 1 264 34 8873 \mathred{Number 1 2	wring Home deeds If felle	riles, mg-
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). (c)	, 0	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Myarerela	el Failure	ONSET AND DEATH
YOU! DUE TO 11 A 1	1 /	
Conditions If any which }	renor atom Viene	5 years
gave rise to Immediate	o and y are y miles	
cause (a), stating the DUE TO		
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEN TO THE TENNINAL DISCASE CONDUCTOR OWEN IN DART 1/2	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELITED TO A COLOR OF CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(IED TO THE TERMINAL DISEASE COMPITION GIVEN IN PART 1(a)	PERFORMED?
2 / Mulnut Deplicement		YES NO D
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
S (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		unty) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work at work	pry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from _/	Sentenber 1966 to 28 Novel ly 196	/ that (I) (wa) last
saw the deceased alive on 25 Number 1966, and that	t dooth popured at 72 AM from the causes and on	the data stated should
22a., SIGNATURE		DATE SIGNED
11. 11. 17	ATTENDED ATTENDED	November 19th
22c, PHYSICIAN'S M.I	D. PHYS. THE DIRECTOR PHYS. 122d. ADDRESS	10 menter 1966
NAME (Type) Dr. William A. Wimsatt	3415 Hamilton St., Hyattsvill	e. Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BUTTON 12/1/66 Rock Creek		
249 FUNERAL DIRECTOR ADDRESS	()	L'S SIGNATURE
to make Sail Huptheull. M.	DEC 2 1966 1000	rees Judge

VR AI5 (4) 20M 1/65

1, + 1.1: (' TO HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Im executed within 24 hours after death. Page 4 may be retained by the Hospital or attending physician. TD FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16151

_	10104	ERITFICATI	E OF DEATH	16	159
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If Institution: F	Residence before admission)
	PRINCE GEORGES	MARYLAND	a. STATE LORID	b. COUNTY	√
-	b. CITY OR TOWN (if outs de corporate limits. c. LFN	IGTH OF STAY IN 1b	c. CITY OR TOWN (If outside c		and give nearest town)
١.	write RURAL and give nearest town)	WECKS	1/41.0 4/	11	,,
_		give street address)	d. STREET AOORESS		B. IS RESIDENCE
	Rouse Glacies P de		1207 061	N XD	ON A FARM?
=	LOUINCE STONES COUNTY 25	CHERAL	120100		YES NO LA
3	NAME OF DECEASED First	Middle	Last 4. DAT	11 0	Day Year
	00100 00 0100	USSELL	1ALCOTI DEA		5 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIEO 🔲 🗎	B. OATE OF BIRTH	9. AGE (In years IF UNCER Months	1 YEAR IF UNDER 24 HRS.
_	M WIGOWEO	OIVORCED	2-11-192/	yrs.	
10. du	a. USUAL DCCUPATION (Give kind of work done 10b. KINO OF ring most of working life, even if retired) INDUSTR		11. BIRT HPLACE (County & Sta		ITIZEN OF WHAT
	KETIDED CLERK 4.5	400'T	CUASHINGTON		73
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
-	JOHN I TALCOTT		NALLIE PA	INE	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL		INFORMANT	- /201 040	/ X.A
17	es (no, or unkown) (If yes give war or dates of service)	2-1056 50	ING F TALCOTT	HOLLY HIL	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), l	*	Nocey Mis	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		1 0		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	colo	ti the		J.W.
	Conditions, If any, which	- Rosal	o she was	,e. Y	11-2-66
	gave rise to immediate	PO RECORD			
L	cause (a), stating the OUE TO underlying cause last.			•	1:125-66
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELA	TED TO THE TERMINAL DISEASE OF	INDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	The state of the s	DOTHOR RELA	LO TO THE TERMINAL OF GENOLOG	MOTTION GITER HIT ALL X(0)	PERFORMEO 2
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB	E HOW INTERV ACCI	RREO. (Enter nature of Injury In	Dort I or Dorf II of Itom 10	YES NO
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OLCO	KREO. (Enter nature of injury in	Part I of Part II of Item 10	.)
					22.44
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O Hour a.m. While - Not		CE OF INJURY (Nome, farm, 20f. ry, street, office bldg., etc.)	(City or town) (Cou	inty) (State)
ME	1 111110	work		444	
	21. Leertify that (I) (this hospital) attended the				that (I) (we) last
		19 Lete and that	death occurred at 11354M, t	from the causes and on t	he date stated above.
	22a. SIGNATURE		ATTENDING 📈 MED.	STAFF - 1/	ATE SIGNED
	LL BD-1	M.D	. PHYS. A DIRECTOR		6 6
	NAME (Type) A AREN SDETT	5 14 1)	22d. AOORESS	0	0 - 2 -
-		S	16 BINCE P	255668 A	7034.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or co.	(State)
L	JURIAL 1/1-20 66/78	LINGTON	MATIONAL MA	LINYTON U	1
24		ADDRESS DALE MI	25a. REC'O BY REC		S SIGNATURE
u	IN CHAMIDERS CO. K.UEE	207 1//	DATE UEU 1	1966 gala	wes Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16155 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a COUNTY Prince Geo. County b COUNTY P.G. Marvland MARYLAND b CITY OR TOWN (If guiside Corporate limits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write PAL gad give nearest fawn) 38 days Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS ON A FARM 8500 16 Street Prince Geo. General Hospital 3 NAME OF First Middle Last 4. DATE Month November DECEASED OF UBER CHARLES (Type or print) DEATH AGE (In velice 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** last girthday) Haurs White 8/15/02 Male WIDOWED DIVORCED 10a JSUAL OCCUPATION (G've kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at fareign country) 12 CITIZEN OF WHAT COUNTRY'S. A. during most of working the elen the left to the INDUSTRY Russia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME David H. Tauber Rose Becker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service Edward Tauber-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) A DENORARC INOMA DUE TO 1 MONTH METASTASES TO LIVER Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN UN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING [7] 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While

executed within 24 haurs after death campletely filled in by the funeral love carbon papers. Pages 1 and event, within 72 remove any and n pilysteanic remuires that the death certificate ar remaval, the attending burial, crematian, signed by the burial-transit p attending physician. as the priar tal has been TO FUNERAL DIRECTOR: After this certificate the haspital ar detached f te Dept. af i é be retained shauld directar, page shauld be filed

death

at wark 21. I certify that (I) (this hospital) attended the deceased from OCT saw the deceased alive an IVOV 22a, SIGNATURE

at wark

ATTENDING

1966 to 19(26, that (1) (we) last 1966, and that death accurred at Siculan, fram causes and an the date stated above. 22b. DATE SIGNED

	/	(1)	VI	77
22c	PHYSI	(Type)	S	am

Sugar, MD. 23b. DATE THEREOF

Danzansky & Sons

Talmud Torah Cemetery

23d LOCATION (City or Town)

EASTERI

DIRECTOR

(County) (State)

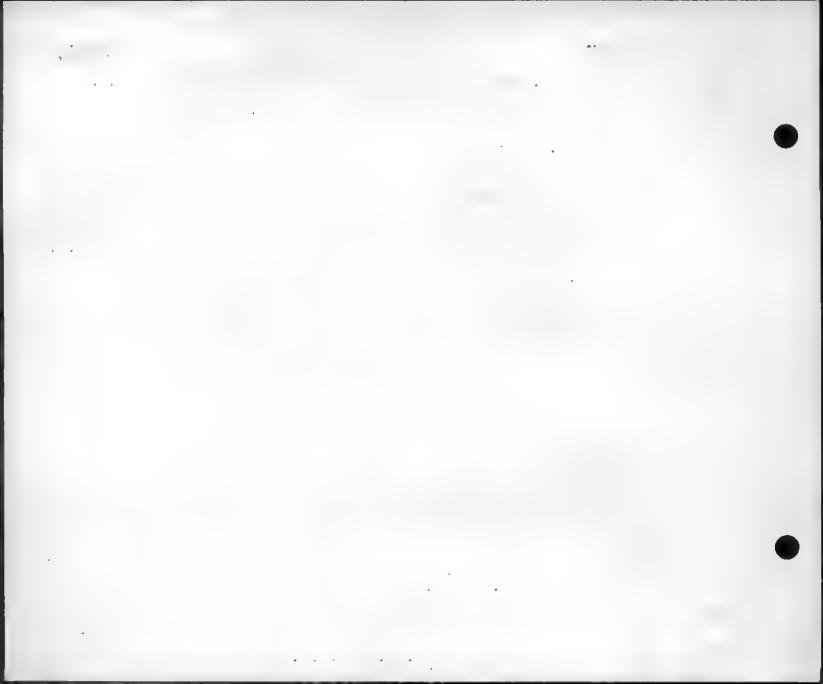
ourial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION,

REMOVAL (Specify) 11/28/66

ADDRESS 3501-14th St.NW. Wash. D. CLDATE

Washington



FOR STATE

This certificate should be executed within 24 hours ofter death 16

TO DEPUTY MEDICAL EXAMINER:

HEALTH DEPT. the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page y delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in an even within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10190	MEDICAL EXAMINER'S	CERTIFICATE OF D	EAIH 161	54
1 PLACE OF DEATH			deceased lived, finst tut on Reside	ence before admission)
o. COUNTY Prince George	els MARYLAND	o. STATE Maryland	5 COUNTY Prince G	eorge i e
b CITY OR TOWN (1 outside carporate limit	its, c .ENGTH OF STAY IN 16	c CTY OR TOWN (If outside of	corporate limits, write RURAL and gi	ive nearest fown)
write RURAL and give nearest town) Cheverly	DOA	Hillside		11.1
d NAME OF HOSPITAL OR INSTITUTION (F		d STREET ADDRESS		e IS RES DENCE
		1000 N= -71	70 . 1	ON A FARM? YES NO TX
Prince George Gener	arst Midd e	5290 Marlbor	O HOAG Month	Dov Year
DECEASED			OF	
(Type or pnnt) Ame S SEX 6 COLOR OR RACE		l'avney C	9 AGE (In years IF UNDE	8 19 66 R YEAR F JNDER 24 HRS
	1		last bithday) Months	
Female White	WIDOWED DIVORCED	26 May 1892	74 YIS	CITIZEN OF HIGHE
10a USUAL DCCUPATION (Give kind of work done dyring most of workings te, even if retired)	10b K OF BUSINESS OR	1 BIRTHPLACE (State or for	e gn country) 12 (CITIZEN OF WHAT
Housewire	поше	Maryland		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Joseph P. Abell		mary E.		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates	of service)	INFORMANT	Address	
No No	None	Vharles L. T.	awney-husband	Same As2d
18. CAUSE OF DEATH (Enter only one co				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(6) Heart failure			ONSET AND DEATH
	10 Arteriosclerotic h	neart disease		over 3 yrs.
Conditions, if ony, which gove	(b)			
rise to immediate couse (a), (stating the underlying couse (E TO			
last.	(c)			
PART I OTHER SIGNIFICANT CONDITIONS	CONTR BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
Diabetes - over	E TIONNO			PERFORMED?
20g EXTERNAL CAUSE WAS	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of mary in Part I	or Part II of item 18.)	
PRIMARY I or CONTRIBUTING I			,	
Diabetes - over 20a EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour a.m.	20d NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town) (C	ounty) (State)
Hour a.m.	While - Not While - for	ctory, street, office bldg., etc.)	, ,	(0.00)
y m,	ge af the remains described above, h	ald as Autosau D		. 11
				, and in my apınıarı
death resulted from: Natur	of touses [35], Accident [], Sui	icide , Hamicide ,	, Undetermined monner [_
ACTUAL	10/01	ASSISTANT MEDICAL EXAM		22. DATE SIGNED
SIGNATURE	7 / 5-2	M D ASSISTANT MEDICAL EXA		
NAME (Type) John Kehoe,	M.D. Riverdale, Md			11-9-66
230 BURIAL CREMATION, 235 DATE TH	-		3d LOCATION (City or Town)	(County) (State)
Burial (Spacefy) 11.1;			Arlington Vir	. ,,
24 FUNERAL DIRECTOR	ADDRESS	260 AFF D RV P	REGISTRAR TO THE PEGISTRAR'S	
	2 300 Ath st N E	Vash. NOW BY	1966 Milane	En Judas

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16158

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16156

_							
	PLACE OF DEATH			Where deceosed lived, if institu		before odmission)	
	o. COUNTY Prince George's	MARYLAND	o. STATE Maryland	b. COU	nıy 2. Amınde	` ·	
\vdash	b CITY OR TOWN (If outside cornorate Limits I LENGTH OF			uts de corporate limits, write Ru			
	write RURAL and give nearest town)	A.				,	
-	Cheverly DC		d. STREET ADDRESS	cn		e S RES DENCE	
	3	33)				ON A FARM?	
	Prince George General Hospital		Box 137			YES NO	
	NAME OF . First . Midd DECEASED	le	Lost .	4. DATE Mon	th	Doy Year	
	(Type of print) Samuel Frederick	Tay	lor. SR.	DEATH 7		7 19 66	
S		ARRIED	B. DATE OF BIRTH	9 AGE (n years	F UNDER 1 YE		
N	ale White WIDOWED DI	ORCED	77-76.XK660K	1901 6/2 Yrs	Months D	oys Hours Min.	
0o	USEAL OCCEPATION (Give kind of work done 10b KIND OF BUSINESS	OR .	11 BIRTHPLACE (Stote		12 CITIZE	N OF WHAT	
d.r	ng most of working the even if retired) INDLSTRY Lumber & Heating Conctractor				COUNT	TRY?	
	Tumber & Heating Conctractor		Washingto				
13							
-	John P. Taylor		Cather				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY s, no, or unknown) (If yes give wor or dotes of service)	NO. 17.	INFORMANT	Addr	825		
L'		Ed	ith M. Tayl	or Same as It	em #2		
	18 CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c))				NTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain						
	1230 DUE TO Trauma - Au						
	Conditions, if ony, which gave) (b)	.00 001	.00110				
	rise to immediate couse (o), [But To						
	stoting the underlying couse (c)						
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMSHALL IN SEASE CO.	MOITION CHICKLIN DARK IC.)		19 WAS AUTOPSY	
NO.	TAKE I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTIN	OI KLONIED IO	THE TERMINANT IN SEASE CO.	MUITION O TEN IN PART I(0)		PERFORMED?	
CERTIFICATION						YES NO K	
RTIF	200 EXTERNAL CALSE WAS 206 DESCRIBE HOW INJ. PRIMARYSC or CONTRIBUTING □	LRY OCCURRED	(Enter noture of snjury in	Port I or Port II of item 18.)			
3		truck	which ran o	ff road and ov	erturn	ed.	
MEDICAL	20c. TIME OF N.LRY Month, Doy, Year 20d INJURY OCCLRRED	20e. P.A	CE OF INJURY (Home, for	201 Gettreewood	ount Vount	(Stote)	
ME	Hour o.m 1966 While Not While p.m 11-7- 1966 otwork otwork	St. fott	Rt. I. at Pat	uxant River B	ridge I	Prince	
	21. I certify that I took charge of the remons describ				distances.	and in my apinian	
	death resulted fram: Natural causes . Academi		ide , Homicide			did in my dpindi	
	deally resulted fram. Regular (doses 17), Advisem	<u> </u>			ianner [_]		
	ACTUAL / P. O. C.		CHIEF MEDICAL			22. DATE SIGNED	
	SIGNATURE / JOHN		arcur.	DICAL EXAMINER			
	EXAMINER'S	1-7- 34		AL EXAMINER 🔼		77 0 66	
02		dale. M		1, city, town, or county)		11-8-66	
230	DEMOVAL (Speciful	F CEMETERY OR		23d LOCAT ON (City or To		unty) (Stote)	
	REMOVAL Specify Nov. 10-1966 Wash	ington .	Nat 1. Cem.	Suitland,			
24	Manufaction Bred, ADDRES	-		D BY REGISTRAR 256 R	EGISTRAR'S SEGN	ATURE	
3	immons Bros 1661-Good Hope Rd S	r Wash	DC DATE	10V a 1000	mi.	1 1 .	

necessary, please execute the certificate, writing the ward "pending" in penci in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner of the olong with form PM3. Page This certificate should be executed within 24 hours ofter death Health or its designated agent, prior to buriol, cremotion, or removal, 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit TO DEPUTY MEDICAL EXAMINER:

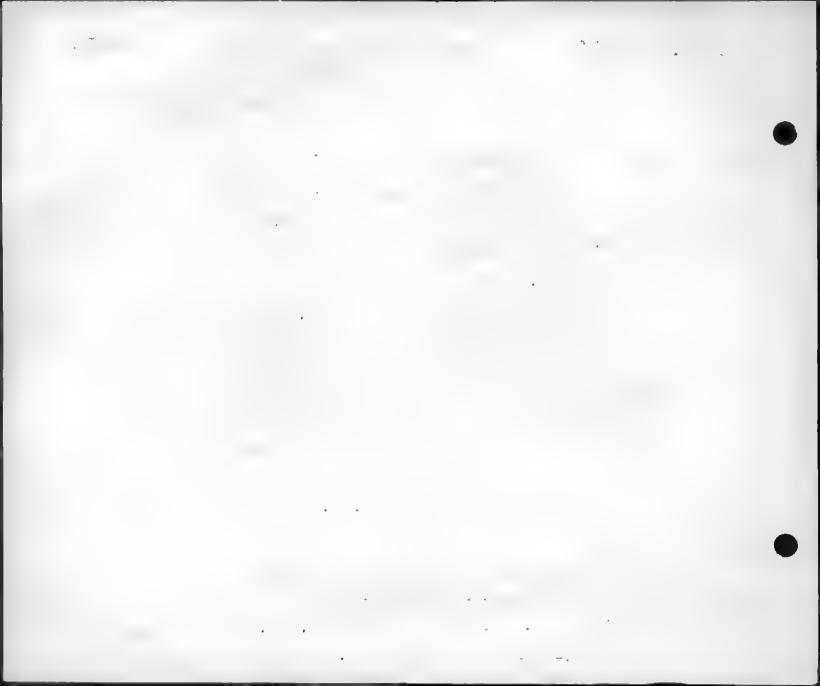
FOR STATE

poges Land 2 with the State Department of and in any event within 72 hours ofter death.

FIG

TTY delay is

VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16159	CERTIFICATE	OF DEATH		_ 1615	7
I. PLACE OF DEATH		2 USUAL RESIDENCE (Where			re odmission)
o. COUNTY Prince George's	MARYLAND	o. STATE Maryland	b. cour	Prince 6	George's
b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside o		(At and give neare	ist town)
write RURAL and give negrest tawn) Cheverly	2 days	Oxon Hi]	1	160	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	tal, give street address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
Prince George's Genera	l Hospital	12 Pates	Drive _		YES NO
3. NAME OF First DECEASED	Middle		ATE Mant	h Do	Y Year
(Type or print) William		Taylor, The	EATHNovember	11	1966
S SEX 6 COLOR OR RACE 7. MARR White WIDOW	L NETTE MANNED	12/7/10	9 AGE (In years 5 spst birthday) yts	Months Days	Haurs Min
10a. USUAL OCCUPATION (Give kind of work done during report of working life, even if retired) Table Sman	b. KIND OF BUSINESS OR INDUSTRY LITHICUTE	11. BIRTHPLACE (County & State Virginia	e, or fareign country)	12 CITIZEN C COUNTRY	
13. FATHER'S NAME	10.7 10.7 10.0	14. MOTHER'S MAIDEN NAME			
William E. Taylor,	Sr.	Eva Bote	ler		
TO THE DESCRIPTION OF DIVING ADMIN CODECCO.		NFORMANT	Addre		
(Yes, pa, ar unknown) (If yes give wor or dotes of service)	224 10 0533 Mi	nnie Wood 7	33 Sligo A	ave.,S.	S., Md.
33333311	e for (a), (b), and (c).) Hepatic failure				TERVAL BETWEEN NSET AND DEATH
Conditions, if any, which gave)	Fatty nutritiona	l cirrhosis of	liver		
rise to immediate cause (a),			22.02		
stating the underlying couse (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year Hour o.m.	D. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I	ar Part II of item 18.)		
20c. TIME OF INJURY Manth, Day, Yeor Haur o.m. p.m. 19 ot		CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f (City or town)	(County)	(State)
21. I certify that (I) (this haspital) of saw the deceased olive an Now		Nov. 9 , 19 66	, to Nov. 11	, 19 <u>66</u> , t	hat (I) (we) los
	11 19 66, and that	t death occurred ot	M, from couses	ond an the do	ite stated obave
22a. SIGNATURE	OSCULLY) M.E	, , , , , , , , , , , , , , , , , , , ,	AM TOR D STAFF PHYS. D	22b DATE SIG 11/1	
22c. PHYSICIAN'S NAME (Type) Dr. Saul W. Re	osen	22d. ADDRESS 8N242 NIH C1	inical Cent	er, Beth	esda,Md.
230. BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR (3d. LOCATION (City or To		., ,
Burial 11/14/66	Fort Lincol	n Cemetery	Colmar Man	nor Ma	ryland
24. FUNERAL DIRECTOR J. Wm. Lees Sons	Washington.	₽Sa. REC'D BY R	EGISTRAR 2Sb. RE	GISTRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs often deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be «xecuted within 24 haurs aft≡ Inoth. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

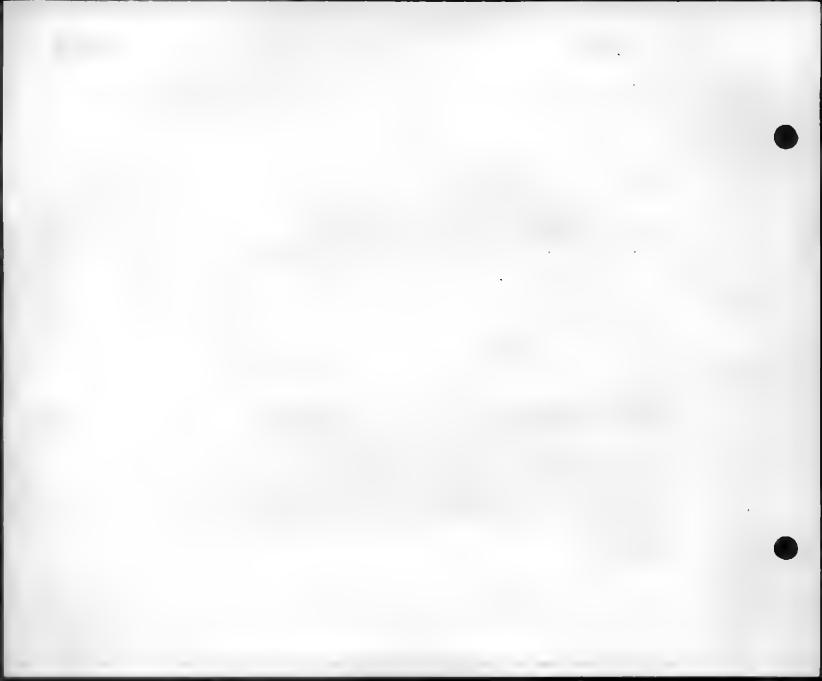


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ī		TOTOR			CERTIF	ICAIL	OF DEA	IH		1	6158
		PLACE OF DEATH O. COUNTY Prince Geo	orge		MAR	/LAND	2 USUAL RESIGNATE Mary	DENCE (Where de	ceosed lived, of institution b. CO		·
		city or town (if or write RURAL and give Riverdale	tside corporate limits, e neorest town)		: LENGTH OF STAY I		c CITY OR TOW	N (If outside controlle	porote limits, write R		
7.3	E	H NAME OF HOSPITAL O	R INSTITUTION (If not eland Memo				d street addr	Hamilto	on St.		e IS RESIDENCE ON A FARM? YES NO X
	- (NAME OF DECEASEO Type or print)	Firs Jos	ephine	Middle None		losi Thibeau	4 OA OF OE	ATH Nove	omber	0oy Year 30, 1966
	\$ 3		COLOR OR RACE	7 MARRIEO WIDOWED	NEVER MARRIEC		B AND-90		9. AGE (In years lost birthday) 76 yrs.	Months 1	Ooys Hours Min.
		USUAL OCCUPATION (Given most of working life and the control of th	even if retired?	10b. KIND INOU	OF BUSINESS OR	-	Mic	higan	or foreign country)		UNTRY?
	13.	FATHER'S NAME 165EP	4 Pich	45			14. MOTHER'S A		ST LAUR	CNT	
		WAS DECEASED EVER IN s, no, or unknown) (If ye			TAL SECURITY NO.	17. [NFORMANT Hospita	Record		dress	
		B CAUSE OF OEATH PART 1. OEATH W			, (b), ond (c).) M 40CA	RDIA		IF4RC7	,		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, whi	Inlesu	b)	GEN.	AR	TER. 65	CLERO	Se I		UKKNOWN
		storing the underlying couse OUE TO lost.									
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO									
	L CERTIFI	200 ACC DENT WAS UNI OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH ICAL EXAMINER)						Port II of item 18)		
	MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	19	While of work		focto	TE OF INJURY (Ho ory, street, office b	ldg , etc.)		`	unty) (Stote)
		21. I certify that (I) (this haspital) attended the deceased fram = 36 - 1966, ta 1/30, 1966, that (I) (we) last saw the deceased alive on 1/30 1966, and that death accurred at 1/30 P.M., fram causes and an the date stated above									
		220. SIGNATURE M.O. ATTENDING MEC. STAFF 22b, DATE SIGNED OIRECTOR PHYS. 120. 66									
/		22c. PHYSICIAN'S NAME (Type)	C. J. H	OUNDA			Lein	Nd Mei		River	
	1	BURIAL, CREMATION, REMOVAL (Specify)	23b. OATE THE	966	11-	TON!	MAT	- 1	LOCATION (City or	Ton	(County) (Stote)
	10	FUNERAL DIRECTOR	Bers EN	e. SILV	ADDRESS	NE,	122	O. REC'O BY REC	1000	REGISTRAR'S SI	TOTAL CONTRACTOR

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, firlemed and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

161	61		CERTIFICATE	OF DEATH		16159		
o. COUNTYP TI	H Lnce Geo	rge	MARYLAND	° STAMBaryla	and b co	out an Residence before odmission)		
b. CITY OR TOWN	N (If autside corporati and give nearest tow	e im.ts, n)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	its de corporate limits, write l 1ge 21227	RURAL and give nearest tawn)		
			ital, give street address) B Geo. St.	d STREET ADDRESS 5717 [)ld ⊍ashingt	on Rd.		
3 NAME OF DECEASED (Type or print)	WΙ	First LLI AM	DANIEL	THOM A S	4 DATE MC OF NOV	17		
s sex Male	6 COLOR OR RA	CE 7. MARI WIDO		8. DATE OF BIRTH O Oec. 1924	9. AGE (In years Lost birthday) yrs.	Manths Days Hours Min.		
	10N (Give kind at worl 1911 to even it (etyed)		Nacional Indust	II BIRTHPLACE (County	& Stote, or fareign country) OUTG , Md.)	12. CITIZEN OF WHAT		
13. FATHER'S NAME				14. MOTHER'S MAIDEN I				
VESTI	EVER IN U.S. ARMED FO n) (If yes a ve wor ar	RCES? dates of service)	16. SOCIAL SECURITY NO 17. 218-16-4132 Mr	Sue Thon	nas – Same a	dress s # 2		
rise to immed stating the un last.	iny, which gove late couse (a), iderlying cause	(b) DUE TO	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES IN NO IN		
OR CONTRIBUTE	20a. ACCIDENT WAS UNDERLYING OR CONTRIBJTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED.				Port I or Port II of item 18.)	1,13		
20x TIME OF Hour	INJURY Month, Day, 1	/ear 2		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (State)		
	21 I certify that (I) (this hospital) attended the deceased fram , 1957, ta Now (I), 1966, that (II) (we) last saw the deceased olive an Now (I) 1966, and that death accurred of 9 P. M, from causes and an the date stated above.							
220 SIGNATU	hard }	Till	lman M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS	22by DATE SIGNED NOV. 12, 1966		
22c. PHYSICIA NAME (Ty	(Pe) RICH		TILLMAN, MO	3035 ST		BALTIMORE, MO.		
230 BURIAL, CREMA	cify) 14 N	ATE THEREOF	230 NAME OF CEMFTERY OR Meadowridge	Memorial P		o, Maryland		
	CTOR Sugar		ADDRESS		DV 1 5 1966	REGISTRAR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please embove carbon papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and be remote with the State Dept. of Health prior to buriol, cremotion, or removal, and be remote with the State Dept. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or attending physician.

r d



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16162 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Re o. COUNTY PRINCE GEORGE'S MARYLAND b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparote limits, write RURAL and give negrest town) write RURAL and give nearest tawn) ANDREWS AIR FORCE BASE 85 DAYS ALEXANDRIA d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d STREET ADDRESS DANNY'S USAF HOSPITAL PLACE NOXX 5713 3 NAME OF Middle DATE Last Month Dov Year DECEASED 66 DEATHNOVEMBER (Type or print) JAMES IF JNDER I YEAR IE LINDER 24 HRS S SEX AGE (n years 5. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday Months DIVORCED WIDDWED CAUCASTAN 1916 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY SIDERNO MARINO, ITALY ATR FORCE OFFICER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME FRANCESCA INCOGNITO CHARLES TRICHILO WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 1940-1966 CONCETTA TRICHILO-WIFE-SAME 154-14-6660 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMA OF PANCREAS WITH METASTASIS DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause [c] WAS ALTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🔽 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 204 INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. fectory, street, office bldg., etc.) Nat While gt work at wark 19 66 to 4 NOV 19 66 that Al (we) last 2). I certify that (X (this haspital) attended the deceased fram 1. 1966, and that death accurred at 7:45M, fram causes and an the date stated above. saw the deceased alive on 4 NOV 22b. DATE SIGNED 22o. SIGNATURE -NOV 1966 M.D. DIRECTOR 22d. ADDRESS HOSPITAL 22c. PHYSICIAN'S USAF NAME (Type) HERBERT DC 20331 HISAF MC ANDREWS AFB. WASHINGTON

The law requires that the death registrate be executed within 24 haurs after death. vithin 72 haurs after .⊑ filled event. and in any ar remaval, crematian, burial-transit as the prior tal this certificate has been Health detached for the Dept. of H TO FUNERAL DIRECTOR: After be filed O HOSPITAL directar, p

230 BURIAL, CREMATION.

BREMOVAL (Specify)

24 FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

uneral

23b DATE THEREOF

Arlington National Home.

23c. NAME OF CEMETERY OR CREMATORY

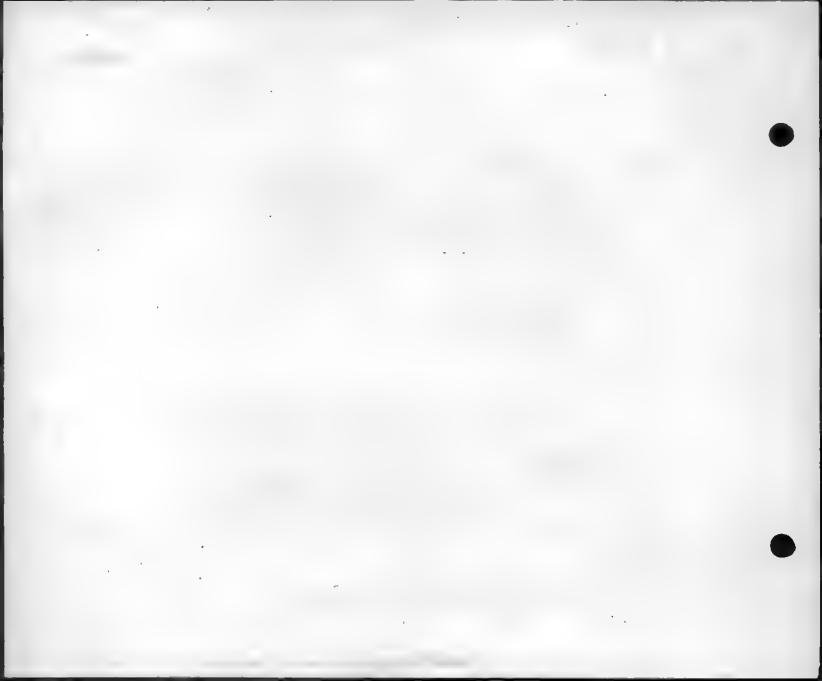
em. 25o. REC'D BY REGISTRAR

DATE

(County)

23d. LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE 1866



TO FUNERAL DIRECTOR, After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. executed within 24 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

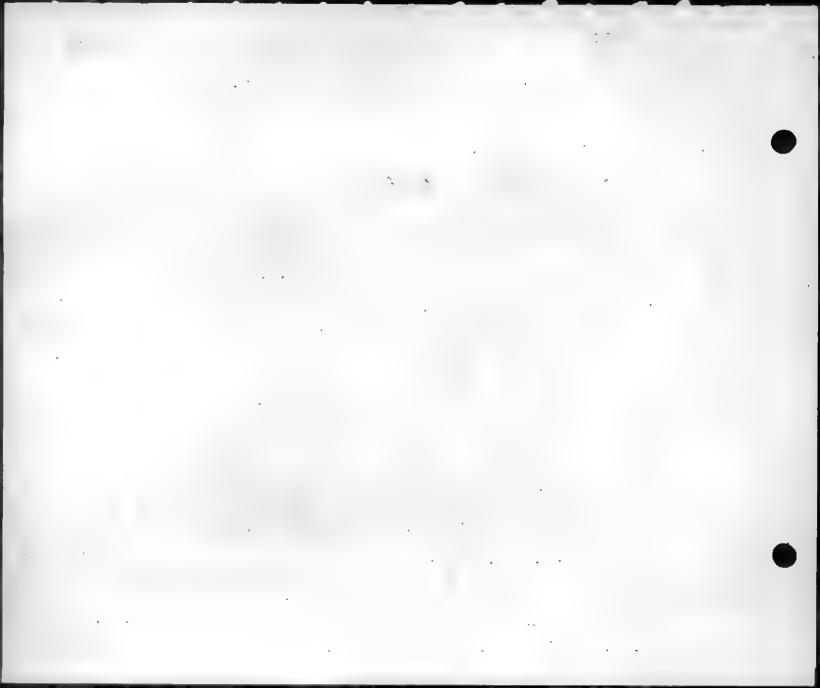
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10161

1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	a. COUNTY Frince Georges MARYLAND	a. STATE Md. b. COUNTY Price Ge . r jes						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Riverdale 30 years	Riverdale /6 · /						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	4013 Navenswood Rd.	4513 Ravenswood ha. YES NOB						
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
	(Type or print) Bettle MMI Tu	oner DEATH NOV 19, 19 66						
5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.						
		en 7, 1875 91 yrs.						
iDa. Juri	IDa. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR ID. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewile own nome	North Carolina U.S.						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Jeon e Greay	Louivine Grady						
15,		NFDRMANT Address						
, s c:	No (Tryes give war or dates of service) 219 54 9492 Be	ssie Ives 4013 Ravenswood Rd.						
	18. CAUSE DF DEATH [Entor only one cause per line for (a), (b), end (c).	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mycardy							
	Ly DUE TO							
Conditions, If any, which)								
	gave rise to immediate cause (a), stating the DUETD							
	underlying cause last. (c)							
5	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?						
CA		YES ND						
CERTIFICAT	DR CONTRIBUTING T CAUSE DF DEATH	RED. (Enter nature of Injury in Pert I or Part II of Item 18.)						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P. D. WHID Glama form Any Jallier Any Jallier						
EDICAL	Spetos	E DF INJURY (Home, farm, 2Df. (City or town) (County) (State)						
ž	Hour a.m. p.m. 19 While Not While Factor							
	21. I certify that (I) (this hospital) attended the deceased from	1965, to 100 18, 1966, that (1) (we) last						
		death occurred at 34. M, from the causes and on the date stated above.						
	224. SIGNATURE	ATTENDING MED. STAFF						
	Honaid Hay M.D.	PHYS. DIRECTOR DIRECTOR PHYS. DIVIDING						
	NAME (Type) LOLARD HAYS	22d. Apress Worlle. mg						
23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMDVAL (Socily)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 11-22-66 Maplewood	Kinston, N. C.						
	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	w. w. Chambers Co. Riverdele, Ed	1. NOV 2 5 1966 Clarles Judge						

VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16164

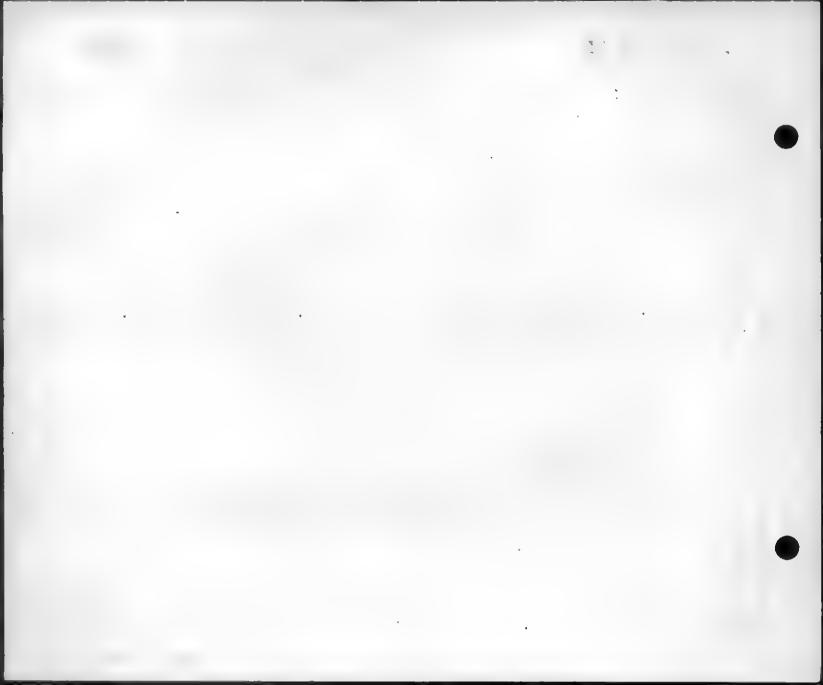
CERTIFICATE OF DEATH

16162

						2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)						
	'	o. COUNTY	o. STATE MARYLAND b. COUNTY PRINCE GEORGES									
		b. CITY OR TOWN (I	foutside corporate imit	s,	c. LENGTH OF STAY IN 1	ь	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		Write KUKAL ond	TEMPLE H	ILL			11.1					
_	,	d NAME OF HOSPITA	AL OR INSTITUTION (IF 19	d STREET ADDRESS				e IS RESIDENCE				
1	5	SUITLAND	NURSING HO		4725 RICKE	Y AVE	NUE		YES NO X			
		DEFENCED			Middle		Last	4. DATE		Doy Year		
		(Type ar print)		AZEL VA	ANN			DEATH			19 66	
				7 MARRIED	NEVER MARRIED			1.				
	FI	EMALE	WHITE		Land 1				75 yrs			
	1Da	JSUAL OCCUPATION	(Give kind of work done		1) BIRTHPLACE (County	& State, or fo	reign country)					
			E, even in remous		10031KT		TENNESS	EE			USA	
	13				14 MOTHER'S MAIDEN I	NAME						
		JAMES	WILLIAM A	CUFF			?		CU	NNINGH	IAM	
	IS.	WAS DECEASED EVE	R IN L S. ARMED FORCES?	f consists 16	SOCIAL SECURITY NO.	17.	NFORMANT		Addr	ess		
	(10	NO OIKIDWII)	(ii Yes give wor or dores	ii zainice t		JA	MES O. VANN	4725	RICKEY A	AVE.		
				se per line for	(o), (b), ond (c).)	-1		1 5			INTERVAL BETWEEN	
		The state of the s									DWSET AND DEATH	
		1100 DUETO									5/	
				(b)	Jell	.rc	germa	900	2511518	4	2-646	
	Ш			TO				V		`		
		lost.)	(t)								
-	z	PART II. OTHER SIG	SNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO I	HE TERMINAL DISEASE COM	NDITION GIVE	N IN PART I(a)		19 WAS AUTOPSY	
0	A710										YES NO	
	E E			205 DE	ESCRIBE HOW INJURY OCCU	RRED (Enter noture of injury in	Port I or Por	t II of item 18.)			
	2	20c. TIME OF INJU	RY Month, Day, Yeor			e. PLAC	E OF INJURY (Home, form	n, 20f	(City or town)	(Co	unty) (Stote)	
	ME		16			IOCIO	ory, street, attice bidg., etc.;	1				
					ded the deceased fro	ım-	U - , 1	19.63, t	ONOY	, 19	64 that (I) (we) last	
				00K	29 1966, and	d that	death accurred at	DAN	A, fram causes	and an t	he date stated abave.	
		220. SIGNATURE	1. 1 4	100	PNA		ATTENDING -	MED.	STAFF _	22b. D		
			Due of V	10	UV	J.M). PHYS.	DIRECTOR	LJ PHYS. L		ou 1 1166	
,			Lucat	NR.	BB WLD			111	1 mg	o C	La Saniage	
			WIT - U	10 .40	000 100							
	23a										. ,,	
	0.0			1966		N N		PRI	NCE GEORG	GES, M	ARYLAND	
0	24	. FUNERAL DIRECTO	ROBERT E W	LLHELM								
TEMPLE HILL d NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oldress) d NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oldress) SUITLAND NURSING HOME 4450 WHITTHALL 3. NAME OF BEEASED (Type or grint) LELA HAZEL VANN S. SEX 6 COLOR OR RACE 7 MARRIED NOVER MARRIED S DATE OF BIRTH 9 AGE (In years of literatory) 10 GE ASED 10 GE AS		wood Dudge										

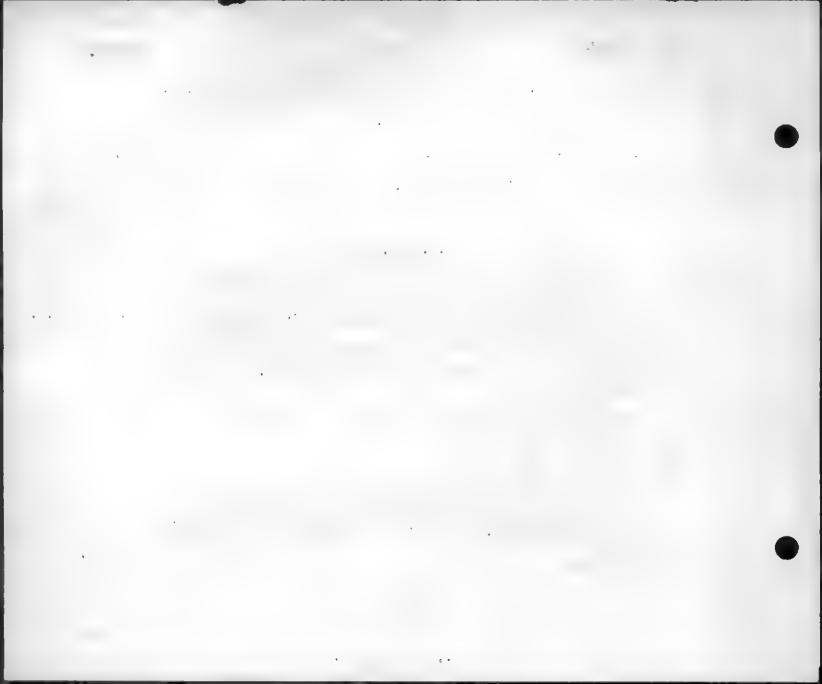
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perm.t. Then begin remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours ofter deapt. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- dr	1		16165		(ERTIFICATE	OF DEATH		1616	3
ours after death by the funeral pages 1 and tours after death	Ą		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if inst-	tutian Residence	before odmission)
une l o		,	o. COUNTY Pri	nce George's		MARYLAND	o. STATE/Washi	ngton, D. C.	YTMUC	
Ifter he fur yes 1 after			CTV OD TOWN / F ou	eudo compresso limite		OF STAY IN 1b	c CITY OR TOWN (If or	itside carporate limits, write		earest town)
Po th			write RURAL and give	negrest town) Verly		9 days	Washi	ngton, D. C.		16.1
holin b				R INSTITUTION (If not in ho	spital, give street ad		d. STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		e IS RESIDENCE
requires that the death certificate be executed within 24 hours after death g physicion. signed by the attending physician and completely filled in by the funeral burial-transit permit. They please remove carbon papers. Pages 1 and 3 burial-transit permit. They please remove carbon papers.	74			rge's Genera			7312	Hansford St.	S.E.	ON A FARM?
看 金属	1.	3.	NAME OF	First		Aiddle	Lost	4. DATE M	onth	Doy Year
wi etel			DECEASED (Type or print)	Louis		E.	Venghaus	OF Novem	mber 12,	1966
mply e co		5. :	And the second second	COLOR OR RACE 7. MA	RRIED NEVEL	R MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF JNDER 1 Y	EAR IF UNDER 24 HRS.
xec d col			Male	White WID	DOWED	DIVORCED	2/4/84 83	X82X 83 yrs	MOTITIS D	ays Haurs Min
and and in o		10a	USUAL OCCUPATION (GIV	e kind of work done	10b KIND OF BUSIN	IESS OR	11 BIRTHPLACE (County	& State, or fareign country)	12. CITIZE	EN OF WHAT
physician or physi		QUIT	ng mast af warking life of Retired	ven ii reined)	INDUSTRY U.S.	Gov.	Illinois		20011	USA
tifica physic var	`)	13.	FATHER'S NAME				14. MOTHER S MAIDEN	NAME		
renti Phen			John Vengl	naus				Scheutz		
ottending permit. The		IS.	WAS DECEASED EVER IN	J.S ARMED FORCES? is give war or dates of servic	16 SOCIAL SECUR	RITY NO. 17. I	NFORMANT	Ac	ldress	
ottendi permit. on, or r		(10	NO	3 9150 400 01 44103 01 201111	1	My	yrtle J. Ver	nghaus 7312 H	ansford	St. S.E.
that the don. by the att ransit per			18. CAUSE OF DEATH	(Enter only one cause per	line for (a), (b), and	(4).)	1	Papillary mus	cle	INTERVAL BETWEEN ONSET AND DEATH
equires that the physicion. Signed by the burial-transit burial, cremat			PART I. DEATH W	IMMEDIATE CAUSE (a)	Myocardia	l-infarc	tion left ve	entricle	-	GIGET AND DEATH
quires the physicion. signed by burial-transurial-transurial-transurial, cre			4201	DUE TO						
physici physici signed burial-t burial,			Conditions, if any, whi	150 (0)	Arteriosc	terotic i	leart Diseas	se		
req ng p			stating the underlyin	couse						
e low re trending as been as the prior to l			lost.	(c)						
The low ra ottending has been se as the th prior to	2	NO	PART II. OTHER SIGNIF	CANT CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
	de	G						B B		YES X NO
		CERTIFICATION	20g ACCIDENT WAS UNI OR CONTRIBUTING □ C	AUSE OF DEATH	205. DESCRIBE HOW	INJURY OCCURRED.	(Enter nature at injury in	Part I or Part II of item 18.)		
FHYSI ie hosp his cer etachec Dept. c			(IF EITHER, NOTIFY MED		20d. INJURY OCCUR	DED DO DIA	TE OF BUILDY (II)	n. 20f. (City or town)	(Count	(54-4-1)
		MEDICAL	20c. TIME OF INJURY Hour a.m.	Manm, Day, Year	While Not W	hile fact	CE OF INJURY (Home, form ary, street, office bldg., etc.		(count	γ) (State)
□ + . • ≥		~	p.m.	19	at work 🔲 at wa	ırk 🔲	1.76	10 50 : 25	100 0	1 . 0 () 1
attinume by the cross of the cr			21. I certify t	hat (I) (this haspital)	affended the di	eceased fram	t death accurred at	19_66, ta Nov	<u>.2</u> ., 19 <u>66.</u>	_, that (I) (we) last
F Sold H			22g, SIGNATURE	sed dive dn AOV.	17	<u>go</u> , and ma	i dediti decorred di	AM	22b DATE	
2 ≥			D STORES		Barrol	M.I	D. PHYS	MED. STAFF DIRECTOR PHYS.	□ 13 ·	/10/66
be Jge			22c PHYSICIAN'S	We	75			872 RIVERT	PATE	ROND
moy be RAL DIR	1		NAME (Type)	OLIVER P	S. Bor	4,42	LANH	am out	DATE 20 8	01
TO HITPITAL UP Page 4 may be TO FUNERAL DIRECTOR, page 3 should be filed a	-	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c NAM	E OF CEMFTERY OR	CREMATORY	23d LOCATION (City of		ounty) (State)
Pog Pog dire			REMOYAL (Specify)	11/17/66	Gre	enmount (Cemetery	Quincy Ill		
		24	. FUNERAL DIRECTOR T	Vilhelm Fune			2So. REC'		REGISTRAR'S SIGN	NATURE
VR A15 (4) 20 M 1/66				308 Suitlan			d DATE I	UN 1 6 1966		En Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16166	,		CLIVIII	MIL	OF DEATH			164		
	o. COUNTY	Prince Ge	orges	MARYLAI	ND	2. USUAL RESIDENCE (V	Where deceosing the state of th	b. COUN	rince	e before or	imission)
	write RURAL on	If outside corporate limited give neorest town) Cheverly		c. LENGTH OF STAY IN 1	Ь		*	e limits, write RUR/ n Hghts	Al ond give	1.1	
14		AL OR INSTITUTION (If n	, , ,			d STREET ADDRESS	6 651	th Place		e !!	S RESIDENCE ON A FARM?
Î	3 NAME OF DECEASED (Type or print)		ırst ıbv	Middle Girl		lost Balker	4. DATE OF DEATH	Month 5 No		Doy	Year 166
ŀ	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	Col 8	DATE OF BIRTH	9	AGE (in years lost birthday)	F UNDER 1		UNDER 24 HRS.
ı	during most of working	Negro (Give kind of work done life, even if refired)	WIDOWED 10b. KI	DIVORCED ON OF BUSINESS OR IDUSTRY	<u> </u>	5 Nov., 1 11.BIRTHPLACE (County Pr. George	8. State, or for			IZEN OF WINTRY? S.A.	/
	IS WAS DECEASED EVE	Alphonzo R IN L. S. ARMED FORCES: (If yes give wor or dotes	16.	SOCIAL SECURITY NO	17.	14. MOTHER'S MAIDEN I Victoria NFORMANT Mother		inette Fu Addres as a	25		
`	Conditions, if any rise to immediat stating the under last. PART II OTHER SI	, which gove le cause (o), rlying couse	(b) (b) (c) (c)	P. Limulus To DEATH BUT NOT RELATI	ily		9ms		wts	ONSET	AL BETWEEN AND DEATH AS AUTOPSY REORMED?
		S UNDERLYING (1) COUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Port I or Port	Il of item 18.)		YES	
	20c TIME OF INJ	777	While			E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
	saw the d 220. SIGNATURE	eceased alive an_	spital) atten	ded the deceased from	am_N d that M.C	death accurred at ATTENDING PHYS	966 to 6 00 M	Mfram causes o	and an th	6, that ne date s ITE SIGNED ./7/66	stated above
/	22c PHYSICIAN S NAME (Type	7	Berr	erdo Alvara				iale Rd.,		rdale	Md.
4	230. BURIAL, CREMATI REMOVAL (Specify Cremation 24 FUNCTOR PRECIO	1	FREOF	Anuthtee	rge	s Gen. Hosp			SISTRAR'S SI	(County) PG GNATURE	(Stote) Md.

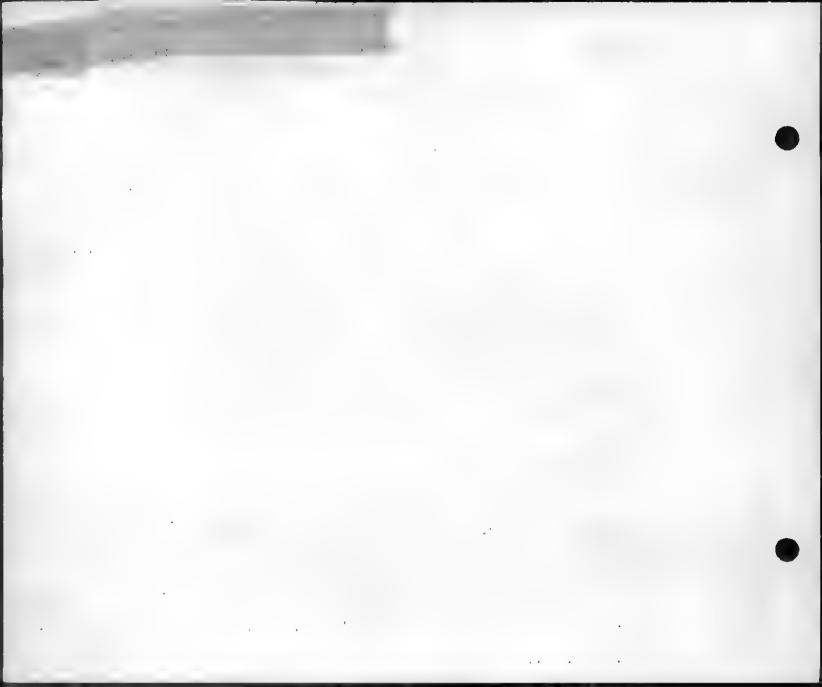
Administrator

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagel —and should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

Barnowal Fenn

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



7	DIAIZIOII	OI STATISTICAL RESEA	KCII MILD RECORDS,	JOI W. FKEJION JI	CELL, DALILMOKE, MAKIE	MIND 21201					
-	16167		CERTIFICA	TE OF DEATH		16165					
	1 PLACE OF DEATH				(Where deceased lived, if instituti	ion: Residence befare admission)					
	a COUNTY Prince	Georges	MARYLAND	g. STATE Mary	land b. cour	YPrince Georges					
	b CITY OR TOWN (If autside o	orporote limits,	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If	autsi <mark>de corparate kmits, write RUF</mark>						
	Cheverly	est town)		Forest	ville	14.1					
Æ	d name of hospital or inst	ITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?					
٩	Prince George	es General Ho	spital	3707 D	onnell Drive	YES NO SE					
	3 NAME OF	First	Middle	Last	4 DATE Mont						
	DECEASED (Type at print)	BENJAMIN	S	WELLS	OF November	r 19 19 66					
		OR RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male Whi	te WIDOWED	DIVORCED	September 2	0 1804 last birthday)	Months Days Hours Min.					
	10a USUAL OCCUPATION (Give kind		ND OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12 CITIZEN OF WHAT					
	during most of working life, even if Printer	retired) INI	DUSTRY	Virginia		COUNTRY?					
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
	Benjamin S.	Wells, Sr.	jor								
	IS WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16 S		7 INFORMANT	Addre						
	(Yes, na, or unknown) (If yes give	war ar dates at service)		obert W. Wel	ls 2724 Ramble	ewood Dr Dist Hgts					
	PART I. DEATH WAS CA	r anty one couse per lipe for USED BY. IEDIATE CAUSE (a)	(a), (b), and (c) of O	ravatu	Cici Proces	INTERVAL BETWEEN ONSET AND DEATH					
,	Canditians, if ony, which gar	DUE TO	Etwax 6	folic &	work, lette	ike .					
	stating the underlying couse (c) Selectate / Leaver Deservices										
, 5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO										
	20a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EX 20c TIME OF INJURY Month Haur o.m	OF DEATH			D. (Enter noture of injury in Part I or Part II of item 18.)						
	20c TIME OF INJURY Month Hour o.m p.m.	, Day, Year 2Dd 1N While 19 at work	Nat While	PLACE OF INJURY (Hame, for factory, street, affice bldg, et	rm, 20f. (City or town)	(County) (State)					
	saw the deceased	(I) (this haspital) attendative on		thof death occurred o	19 to M, from couses	, 19 4 Ahat (I) (we) last ond an the date stated above					
	220/SIGNATURE	the flet	104800	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or removal, and any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

PHYSICIAN'S NAME (Type)

230 BURIAL, CREMATION, REMOVAL (Specify) BUTIAL

24. FUNERAL DIRECTOR Robert E.

Dr. Timothy F.

Wilhelm Funeral Home

23b DATE THEREOF

11-22-66

O'Donovan

23c NAME OF CEMETERY OR CREMATORY

Addison Chapel Cemetery

Suitland, Md.

ADDM5308 Suitland

Stamp Road, Temple Hills

25b. REGISTRAR

(County)

(State)

Maryland

23d LOCATION (City or Town)

SEat Pleasant

1966

4400

REC'D BY REGISTRAR

DATE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



HEALTH

necessory, please execute the certificate, writing the word 'pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examination Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter geath.

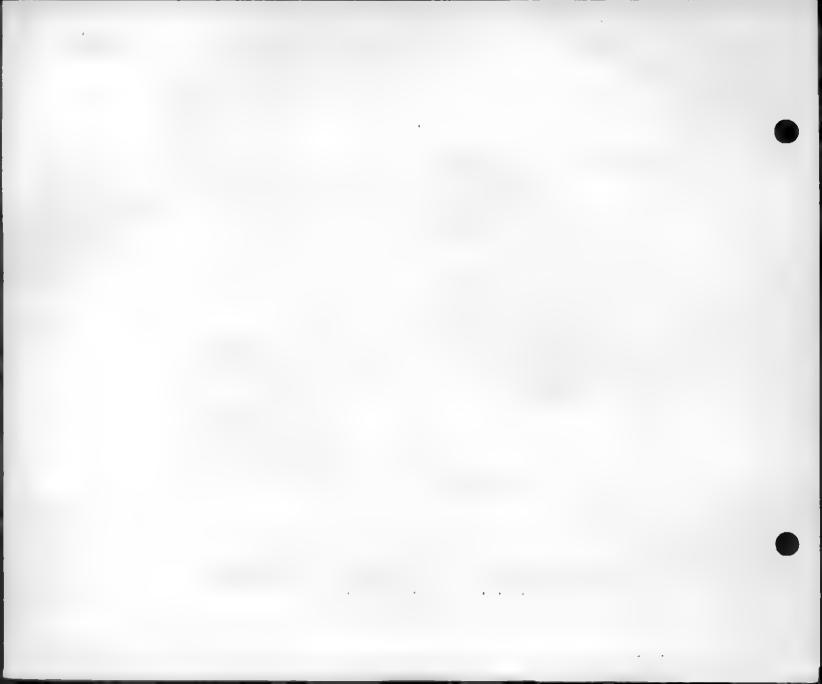
VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If any delay is

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16166 16168

1	PLACE OF DEATH		2 IISHAI RESIDENCE IM	Where deceased lived, if institu	it on Pesidence	hefare admission)						
	a. COUNTY	as a Material and	o. STATE	bcot	JNTY							
-	Prince George's b CITY OR TOWN (foutside corparate limits	c. LENGTH OF STAY IN 16 ··	Maryland	tside corporate limits, write RI	ince Ge							
	write RURAL and give nearest town)				JKAL ONG GIVE N	earest tawn)						
-	Cheverly	lhr. 44 min.	Chapel Oa	ks		T e IS RESIDENCE						
	d NAME OF HOSPITAL OR INSTITUTION (if not in ho					ON A FARM?						
	<u> Prince George General</u>			Place		YES NO X						
3	NAME OF First DECEASED	Middle	Last	4 DATE Mor	1th	Doy Year						
_	(Type or print) Robert		histine	DEATH 11	I if it need to	7 19 66						
3	SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years last b rthday)	IF JNDER 1 9 Manths D	FAR FUNDER 24 HRS						
	Make Negro WII	DOWED DIVORCED	13 Dec. 191			11.1						
	I USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)	10b KIND OF BUSINESS OR 1NDLSTRY	1 BIRTHPLACE (Stote	4 1 1		EN OF WHAT						
43	rig hos or working the, eventh remed)	14003187	Mar	yland	conh	SA'						
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN N	IAME								
	Ernest Whisti	ne v	Unkn	own								
	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addi	ress							
Ų	(If yes give war ar dates af serve	e,										
	18 CAUSE OF DEATH (Enter on y one cause per	Ine far (a), (b) and (c))				NTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	Heart failure]	ONSET AND DEATH						
		Hypertensive cardi	o vascular o	าำ sease								
	Canditions, if any, which gave) (b)	Typo: boildive carar	O Vaboular (anscaso								
	rise to immediate cause (a), Stating the underlying couse											
	lost. (c)											
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTR 8	LTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?						
ICAI	200 EVTEDNAL CALICE WAS	206 December som halling accument	*	5. 4. D. 4.D. 15. 183		YES NO E						
L CERTIFICATION	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Post II af item 18.) PRIMARY \(\subseteq \text{ar Contributing} \subseteq \) CAUSE OF DEATH											
MEDICAL	20c TIME OF INJURY Month, Day Year Haur a m	While Nat While facto	E OF INJURY (Home, farm ary, street affice bldg , etc.)		(Count	y) (State)						
	pm 19 atwark atwark											
					,	and in my apinia						
	death resulted fram: Natural sau	ses 🗓 Accident 🔲 Suici	de 🔲, Hamicide		nanner							
	ACTUAL	M	CHIEF MEDICAL			22. DATE SIGNED						
	SIGNATURE		m D	CAL EXAMINER L								
	EXAMINER'S NAME (Type) John Kehoe, M.D.	. Riverdale, Md.		L EXAMINER (X)		11-8-66						
23	B_RIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23k NAME OF CEMETERY OR C	REMATOR	23d (NOCATION (C) y or To	own) (Co	(Sprie)						
2	NUNERAL DIRECTOR	ADDRESS .		BY REG STRAR 25b R	EGISTRAD S SIGN	ATURE						
1	Kallyn 4339-	Alunit FLM		OV 1 0 1966	Jelian	les judge						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16169 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral solve carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Prince Georges District of Columbia MARYLAND c CITY OR TOWN (if guitside corporate limits, write RuRAL and give nearest town) b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 write RURAL and give negrest town) 2 mo., 27 days Washington Glenn Dale e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 2410 Goodhope Road, S.E. YES NO TO Glenn Dale Hospital 3 NAME OF Middle 4. DATE Day DECEASED 66 November 19 DEATH (Type or print) Channing Wines IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** last birthday) Months Days Hours March 5,1901 White WIDOWED DIVORCED Male sician and please memoral, and in any 10n USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working ite, even if retired) Virginia unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys or remaya Hester Payne Ernest Wines WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If we give wor or dates at service) 579-07-4080 Person signed by the after burial-transit permi No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) one week PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave use to immediate cause (a) DUE TO by the haspital ar attending as the priarta stoting the underlying couse has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Health I Rheumatoid arthritis; gastrectomy for peptic ulcer, 1950, historical IO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item IB) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING (CAUSE OF DEATH J. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day Year Hour a.m. While Not While factory, street, office bldg., etc.) of wark at work 19.6 b, that (I) (we) last 2). I certify that (I) (this haspital) attended the deceased fram. Page 4 may be retained D 19 6 and that death accurred at 6-P M, fram causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE STAFF PHYS Nov. 5,1966 director, page 3 shauld be filed w DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAMF (Type) - PANN LAR. lenn NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL EREMATION (County) REMOVAL (Specify) 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

1 ...

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16170

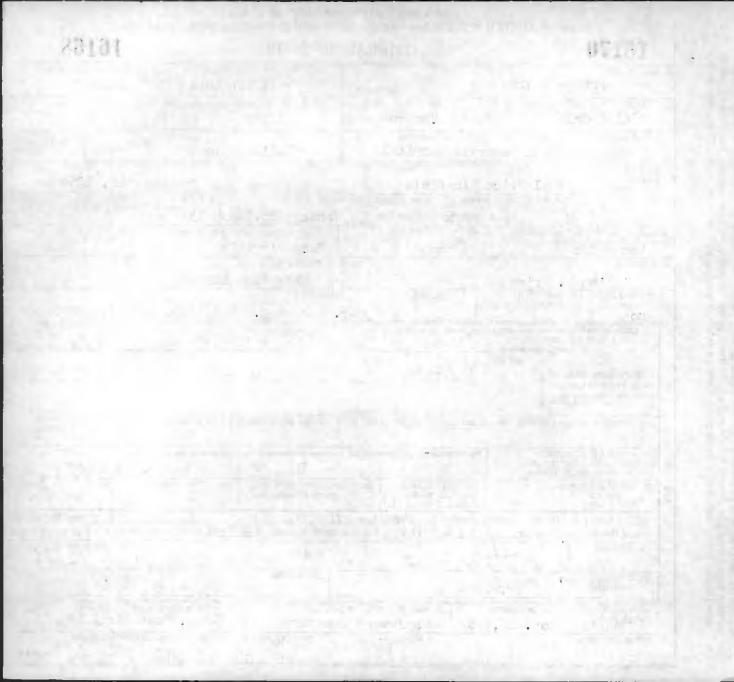
CERTIFICATE OF DEATH

16168

777										100		
o. COU	OF DEATH	ince Georg	8	MARYLAND		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE West Virginia b. COUNTY Randolph						
		outside corporate limit aive represt town)	s,	c. LENGTH OF STAY IN 2hours	1b	c. CITY OR TOWN (If ou Elkin		nte limits, write RU	RAL and give	nearest	town)	
d. NAN		or institution (if a				d. STREET ADDRESS 91611t	h Str	eet			IS RESID ON A FA	
3. NAME DECEA (Type		Ethel Pr	ice Wir	Middle ngfield		Lost	4. DATE OF DEATH	Mon Novemb		Doy 196	Уед 66 ₁₉	r
S. SEX	F	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	13	January 26,		AGE (In years Lost birthdoy) 73 yrs.	IF UNDER 1 Months	YEAR Doys	IF UNDER Hours	24 HRS. Min.
during mo	ousewi.	Give kind of work done e, even if retired) I C		ND OF BUSINESS OR DUSTRY NOME		11. BIRTHPLACE (County West Virg		reign country)		IZEN OF INTRY?	WHAT	
		n W. Price		2333		14. MOTHER'S MAIDEN ! Mary Ja		sner				
1S. WAS (Yes, no, o	orunknown) (I	IN U.S. ARMED FORCES? If yes give war ar dates of	of service)	SOCIAL SECURITY NO.		NFORMANT . Robert C.	Wing:	Addr field, L		Mar	rylar	nd
IB.	CAUSE OF DEA PART I. DEATH	ITH (Enter only one cou I WAS CAUSED BY: IMMEDIATE CAUSE	M	(o), (b), ond (c).) ASSIVE	GA	STRIC H	EMO	RRHAGE	5		RVAL BETV	EATH
rise t	540 DUE TO										UNKNOWN	
PART	T II, OTHER SIG	NIFICANT CONDITIONS C	(c)ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)		19. V	WAS AUTO PERFORME	PSY D?
OR (I											E,	
WEDICAL 20k.	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED While of work of											tote)
	21. I certify that (I) (this haspital) attended the deceased from 11 · 12 , 1966, ta 11 · 12 , 1966, that (I) (we) last saw the deceased alive an 11 · 12 1966, and that death accurred at 6 p.M., from causes and on the date stated above.											
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22b. DAJE SIGNED 1/- /2 - 66											6
220.	PHYSICIAN'S NAME (Type)	C. J. +	40UMA					RDALE		1D.		
REM	CIAL, CREMATION NOVAL (Specify) BUTI	al Nov. 1		23c. NAME OF CEMET Maplewo		emetery	Elk	CATION (City or To	t Virg		3.	ote)
24. FUNI	ERAL DIRECTOR	Gon Lin	ment	ADDRESS BY	3/4	Ellery With	NOV 1	5 1966	EGISTRAR'S SI		, Jus	Age

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They present remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MISS B. COUNTY MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address e. IS RESIDENCE ON A FARM? YES NO F 3. NAME OF DECEASED (Type or print) DEATH 19 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days IF UNDER 24 HRS 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no, or unknown) / (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e): 19. WAS AUTOPSY PERFORMED? NO DE 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work | et work | g,m. 21. I certify that (I) (this hospital) attended the deceased from 711. 1966 19.66, and that death occurred at 6 A.M., from the causes and on the date stated above saw the deceased alive on... 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. Jeath. Page 4 PHYSICIAN'S 22d. ADDRESS director, be filed v 23c. NAME OF CEMETERY OR CREMATORY REMOXAL (Specify) 0 VR A15 (4) 1SM 7-62

